				/		OF MARY				100000 1000	
189001	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH								
	1, DECEASED NAME	FIRST		WIDDLE	ı	AST		Zo DATE OF D	REG. NO.	DAY YEAR	R 2b. HOUR
· \$1 0 0 5 . 17	TYPE OR PRINT)							- 111	40 2	7 198.	-00
you poog	3. SEX	William	4 RACE	C	Affe Is DATE C			6 AGE IN YEA	RS LAST BIRTHDAY	IF UNDER 1 YE	
THE THE	Male		Whi	te	Oct		1905	78		MONTHS DA	
12/	TO BIRTHPLACE IST	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? B. MARRIE	NEVER	MARRIED -			JNTY OF DEATH	1
	10. CITY OR TOWN C	F 05 4711	11 NAME OF	HOSPITAL, NURS	WIDOWE		IVORCED [gomery (MI
1 1190	Bethesda	PUEAIN		iage Hil			SIIIUIION		OR MOST OF WORK	12b. KIN INDUST Ce Off.	
4 hours	USUAL RESIDENCE (13b COL		134. CITY OR TO		13d. INSIDE	CITY LIMITS?	13e.STREET AD	DRESS / ZIP (CODE	
in 2	Maryland	Mont	tgomery	Bethes	da	YES 🗌	NO 🗌		arvel R	oad 20	0816
mpletel ond 2 s	4. FATHER'S NAME	.am	MIDDLE C.	Affeld	, Sr.		S MAIDEN NA		MIDDLE	Dau	nhold
d co	160 WAS DECEASED			166 SOCIAL SE		17. INFORM	ANT		ADDRESS		
Page medi	(YES, NO OR UNKNOV	(IF YES, G	IVE WAR OR DATES	577-60-	5589	Myrt	is H. A	ffeld.	Same a	s item]	13.
te b		DEATH (Enter o	only one couse of	er line for (o), (b							PROXIMATE INTERVAL EEN ONSET AND DEATH
quires that the signed by the hen please rem to burial, cremuniury, or other t		stating the couse lost	(c)_	OR AS A CONSEQ		NOT RELATE	D TO THE TERM	MINAL DISEASE	or condition	GIVEN IN PART	T No:
nn. hos been permit. I ene prior	SID. ACCIDENT W			DITION FOR WHIC	CH OPERATIO	WAS PERF	ORMED	200 AUTOP		F YES, WERE FINERTIFYING CAU	NDINGS USED ISES OF DEATH?
AN: The hysicion ficote ho tronsit p 1 Hygien 18 show	OR CONTRIBUTION	AS UNDERLYING [OF INJURY	DAY YEAR	21c. HOW I	NJURY OCCUR		7-4	M IB PART I OR PART	
SICIA ng ph certif rriol-t ental	(IF EITHER NOTIF	Y MEDICAL EXAMINE	ER) P	·.M.	19						
G PHY of this of the bury of the bury	(IF EITHER NOTH	CURRED		OF INJURY	E, FARM, ETC)	211 LOCAT STREET			CITY OR TOWN	COUNTY	STATE
ENDIN tof or OR: Aff r use o Health	220 I certify th			he deceosed from	85	ct.		to	Proja	19	the couses stated
RECTORNELLE FOR THE POSPIT PRECTORNEL FOR TH	obove (I)	we (did) did n	ot) view the bod	y ofter death.	, 611	DEGREE	(our) opinibil		on the dote one		ATE SIGNED
TAL O y the RAL D detoc detoc Tate Division If I	X	15 1	Am	ha	ma			MEDICAL DIRECTOR	STAFF PHYSICIAN	6	127/85
CO HOSPITAL etoined by the TO FUNERAL should be det with the State with the State	John	B.	(Ima	fau		880	5 Con	m. to	ve, C.	hen l	Chase,
0 € 5 € ¥ ₹ 1	230 BURIAL, CREMAT	ION, REMOVA	L 23b. DATE	230	. NAME OF C	EMETERY OR	CREMATORY	23d. LOCAT		11.01.01	
BP	Crema	tion	6/29	/1985	Cedar F	Hill C	remator	y Suit	land l	Maryland	STATE
DHMH - 16 50M 4/83	24 FUNERAL DIRECT	or Josep	h Gawle:	r's Sons	Inc.		25a. DAT	E REC'D. BY REC		GISTRAR'S SIGN	
(VRA 15. 4)	~5130	Wisc.	Ave. N	Wa Wash	TO C		Link Francisco	0.57	1000	in the	Banda 00

TOO SEL 10 10 10 78 78 XX .A.2.3 To the state of th Maryland Font.oreny Bathers 2016 illian C. Lich, Tr. Adolo . I and a ord . Meld. Mairy Comp. -0--77remains //og/los sour il meratory juitlent ... rl nd. committees on no. Fig. Time. ve., New Mah., D.

		FOR					TE OF MARYLAND	C3	1	7 5 1	7
\$1008	1-	FOR STATE REGISTRAR			DEPA		HEALTH AND MENTAL HY FICATE OF DEATH		10	1 2 1	
	1 DE	CEASED NAME	FIRST		MIDDLE		LAST	REG. N	MONTH	DAY YEAR	2b HOUR
y be ige 3 leath	(TYPE	OR PRINT) DO	RCA	5	P.	A	LLEN		06	30 85	8 23 A
4 mai	3. SE	×	PF	4 RACE		5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
rect urs o		Female		Whi	te	Jul	v 8. 1926	5	8 YRS.	1000	
2 to di	7a. B	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
death		Conn.			S.A.	WIDOW	ED . DIVORCED		Mont	gomery	MD.
he fi	10. C	TY OR TOWN OF DEAT	ГН	11. NAME OF	HOSPITAL, NUI	RSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
by the filted		ilver Sprin		Ca	rriage	Hill	Nursing Home				Home
d in d be	USU. 13a S	AL RESIDENCE (IF NURSINGTATE	G HOME OR	OTHER INSTITUTION	13c. CITY OR T		113d INSIDECITY LIMITS?	13e STREET ADDRESS			
AND 124	Ma.	ryland		ntg.	Bethes		YES NO	8000 Hami	lton	Spring R	4.20817
of this	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME			
MA plot of the plo		Donald	YEL	T.	Peck		Mildred	MIDDLE		Tai	
		VAS DECEASED EVER IN		MED FORCES?	16b. SOCIAL S	ECURITY NO.	17 INFORMANT	ADDR	ESS		
BALTIMORE, MARYLAND 2122 colline execution within 24 hours by longered consistent filled in book by longered consistent filled in book and 2 should be fill to the medical exammely and it.	,	NO			048-16	-6817	Robert C. A	llen /Husbar	nd/ S	ame as #	13abcd.
BAI cop opposite of the		18 CAUSE OF DEATH PART I. DEATH WA	Enter on	nly one couse pe	r lue lo lo lb	, and ici	1	. /		APPROXIM BETWEEN O	MATE INTERVAL
st.,				TE CAUSE (0)	KOS/	pira	PORG FO	1/URQ			
on the confiner of the confine		100		DUE TO, C	R AS A CONSE	QUENCE OF		/			
deo deo atte		Conditions, if any, gave rise to imme	which	(b)_	140	pad	'L tail	une		nel	Year.
V. Pr	4	couse (a), stating	the	DUE TO, C	R AS A CONSE	OUENCE OF	-	0	1	(
of by lease in a cor of or of		underlying couse		(c)_	Cil	217	05is -d	achhee			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death certical physician. Wher this certificate has been signed by the attending is as the burial-traisit permit. Then please remove corbon the and Mental Hygiene prior to burial, cremation, at remorked at them 18 gives only nijury, or ather traumatic expension.	NO	PART 2 OTHER SIGNI	FICANTO	CONDITIONS C	ONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION G	IVEN IN PART 10	
Nut. I	CERTIFICATION	19a DATE OF OPERATE	ON	19b. COND	OITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	20g AUTOPSY?	70h 1F Y	ES, WERE FINDIN	GSTISED
L RE In. In. Perr Prep	IFIC					_			IN CERT	TIFYING CAUSES	OF DEATH?
VITA N: Th nysicio	ERI	21a. ACCIDENT WAS UNDE	RLYING [21b. TIME C	OF INJURY		21c. HOW INJURY OCCU		Total Contract of the Contract	YES DEPART 21	но 🗌
Physical Phy		OR CONTRIBUTING CA			.M. MONTH			TEMENTAL OF THE	AT PATIENTS	, , , , , , , , , , , , , , , , , , , ,	
HYSIG ding ding hyrid Men	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE			OF INJURY	19	21f LOCATION				
VISIA G PH er th and ked c	ME	WHILE NOT WHILE	E []		REET, FACTORY, OFFI	ICE, FARM, ETC)	STREET	CITY OR 10	NW(COUNTY	STATE
Se as se alth		22a.1 certify that (1) (1		tol/attended th	ne deceased fra	m Mu	900 10 KI	10 81111	2.1	10 81	hat (I) (we) last
TTEN pitol TTOR for u of He		sow the deceased above, (j.gws) (dis	office on	XIII.	119		and the in (my) (aur) opinion		ate and ho		
OR A DIREC Inched Dept.		27h SIGNICURE	m	10	7 A		DEGREE			22c DATE S	IGNED
£ 0 7 E		113/1	11	1710	1 mi	18.	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [Sen	120/2-
d by		THE PHYSICIAN'S NAM	ME (THE OF	a raining			22e ADDRESS		0	, gran	-403
TO HOSPITAL retained by t TO FUNERAL should be deal with the State		HZANI.	VO	SCPA	m.1	ME	10,000 /	alls Rd.	101	omae,	nel.
T v v v	23a. B	URIAL, CREMATION, R	EMOVAL	25 DATE	2	3c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COINT	Contract of
BP		Cremati	no	July 1	1,1985		nbers Cremato		le.	PG.CO.	Ma
DHMH - 16 50M 1/81 (VRA 15, 4)		NERAL DIRECTOR	,		ADDRES	8455.	Georgia AVC 250. DA	TE RECT BY RE 1985	25b. DE C4	T. Dai House	Mandelle
(VIA 15, 4)		W.W.Ch	amb	DES CO	The.	Silver	Spring water 10	J			

.89080	1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF HEAL	MARYLAND IH AND MENTAL H TE OF DEATH		REG. NO.			
		CEASED NAME FIR		MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
2	,,,,,,	Geo		.M.I.)	Alle	n		6-5	1-85	1:00 WW	
4 (B)	3. SE	x Male	4. RACE White		5. DATE OF BI	10°AY 1910	6. AGE (IN YEARS LAST BE	MON	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
B 0	7. 0	IRTHPLACE (STATE OR FOREK		WHAT COUNTRY?			9. BALTIMORE CITY	YRS.	EDEATH		
eoth. P	70. b	Virginia	U.S.A.	WHAT COUNTRY!	MARRIED WIDOWED X	NEVER MARRIED !	Montgomer			MD.	
of the diff		ITY OR TOWN OF DEATH	(# NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS]	THER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR	
S 64 /4/	T	AL RESIDENCE (IF NURSING H	Washin	gton Adve	ntist H	ospital	Truck Driv	re .	Natio	nal Brew	
filled to the control of the control	13a.	arvland 3b	P.G.	Hyattsvi	11e 13d.	INSIDE CITY LIMITS	4009 Galla		ceet	20781	
with md 2	IA F	ATHER'S NAME FIRST	MIDDLE	LAST	15.	MOTHER'S MAIDEN	MIDDLE		LAST		
e e e		John	Jospeh	Aller		Rebecc	a	DEC C	Hogwo	od	
e execut n and co		WAS DECEASED EVER IN U	J.S. ARMED FORCES? YES, GIVE WAR OR DATES}	16b. SOCIAL SECU		INFORMANT	ADDI	ESS1401 F	Knight	Avenue	
rtificate be e physician o onpapers. Po emoval.		No		578-07-2	.359 B	arbara J.	Moler (Grane	laughter	()Dunk	irk Md.	
ow requires that the death ce been signed by the attendin mit. Then please remove corb prior to burial, cremation, or in any injury, or ather traumatic	CERTIFICATION	underlying cause la	ote the DUE TO, Cost. (c)	DR AS A CONSEQU	ENCE OF		ERMINAL DISEASE OR COI	NDITION GIVEN			
The law recion. te has bee nsit permit giene prio	TIFIC						YES NO	IN CERTIFYIN YES [OF DEATH?	
YSICIAN: ding physics as certifico burial-tran Mental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL E. 21d. INJURY OCCURRED	E OF DEATH HOUR A XAMINER) P 21e. PLACE	.M. MONTH D .M. OF INJURY	19 211	LOCATION	CURRED (ENTER NATURE OF INJ		OUNTY	STATE	
by the hospital or ATTEND by the hospital or ERAL DIRECTOR: A redetoched for use State Dept. of Heal	WE	WHILE NOT WHILE AT WORK 27a. I certify that (I) this sow the decaysed o obove, (I) (We) (did) 22b. SIGNATURE 22d. PHYSICIAN STANK		1 /	ond the	REE		date and hour or	1	tha (I) we) lost	
TO HOS retained TO FUN should to with the IMPORT		BURIAL, CREMATION, REM	NOVAL 23b. DATE	23c.	NAME OF CEME	TERY OR CREMATOR	RY 23d LOCATION				
BP		(SPECIFY) Burial	6/29/8	35 F	ort Line	oln Cemet	ery Brentwee	. P.	· G.	Maryland	
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director canois Gasch'	s Sons Fun	neral Mome	e, P.A.	250	JUL 02 1985	1	R'S SIGNATI	7	

79040	1	FOR = STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	7519
1 to o		CEASED NAME FIRST E OR PRINT}	ge William	Amato	June 17, 1985	25. HOUR 9: 40P
Page 4 may be director, page 3 hours after death	3. SE	Male	4 RACE White	5. DATE OF BIRTH MONTH. DAY May 9. 1907		IF UNDER 1 YEAR IF UNDER 24 HRS NONTHS DAYS HOURS MIN.
death. Pag		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	
by the fu		akoma Park	11. NAME OF HOSPITAL, NURSIN 18 NOTHIN SUCH FACILITY, GIVE STREET Washington Adde		Retired Plumber	12h KIND OF BUSINESS OF INDUSTRY 11.S. Gov t.
hin noun at death. Spould be filed within 72 is en as be half led or how the filed or how	13a.	STATE - H31 COL			13e.STRFFT ADDRESS / ZJP CODE 7421 Leahy Road	20784
be executed within ian and campletely is. Pages, I and 2 kg have not medical example.		Enaro	Amato	Grace	MIDDLE	Emes o
e execution on a conficulty poges 1	7 16a	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, 0)	med forces? 166 SOCIAL SECU 164 April 165 SOCIAL SECU 164 April 165 SOCIAL SECU		Amato (Wife) Same	e as 13e
death certificate attending physic ove carbon pape trian, ar removal raumatic event, t		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate	only one cause per line for (a), (b), on SED BY: ATE CAUSE (a) Cora No. (b), OR AS A CONSEQU	Juman Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been signe mit. Then p prior to bur	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	asterns	DEATH BUT NOT RELATED TO THE TER	MINAL ISEASE OR CONDITION GIVE 200 AUTOPSY? 200. IF YES IN CERTIF	
HYSICIAN: The nating physicion by this certificate burial-transit Amental Hygies or them 18 sho	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEFENDED AND A CONTRIBUTION OF THE CONTRIBUTION		19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	
TO HOSPITAL OR ATTENDING PHYSICIA retained by the hospital or attending pi TO FUNERAL DIRECTOR: After this certifiational dedetached for use as the buriality with the State Dept. of Health and Mental IMPORTANT: If Hem 21 is marked or Hem.		220.1 certify that (I) (this has	noti view the bady after death	DEGREE ATTENDING PHYSICIAN 22e ADDRESS D: V	1 Carringy	22c. DATE/SIGNED
TO HOSS	230.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	AL 236 DATE 23c I	NAME OF CEMETERY OR CREMATORY OFT Lincoln Cemete	ry Brentwood P	.G. Marylan
DHMH - 16 50M 4/83 (VRA 15, 4)	² F ⁵	Marches Gasch's	Sons Funeral Home	e, P.A. 20781 250 DA	TE REC'D. BY REGISTRAR 250 REGIST	RAR'S SIGNATURE LANGUE

faue 17, F

16	3061	1-	FOR STATE REGISTRAR	5				ENT OF	HEALTH	ARYLANI AND ME ERTIFIC	NTALH	YGIENE.	8	REG. NO.	5	2	0
	1		EASED NAME	FIR51	-		MIDDLE			LAST		20	DATE KNO	M PA NWC	ONTH DAY	Y YEAR	77.400
^	May 20 H	(TYP	OR PRINT)	Marga	aret		Gulli		Ar	cher			OF ES	ATED	6/6	19 85	7
	PLEA PRECTO HOUN STREET	3. SEX		4 RACE	MONT	- DAI	YEAR	AGE (IN YE			F UNDER		DATE	AAC	ONTH DA	Y YEAR	12 :00
4	N GOOD		male	White		2, 1		74 Y	RS.				DEAD		6/6	19 85	A . M
	ASSESS TO SEE	FO	EIGN COUNTRY)	TATE OR		IZEN OF WH	AT COUNT	RY?	8 MARRI	ED TO NEV	ER MARRI	ED 🗆 '	BALTIMORI	E CITY OR C	OUNTY OF	DEATH	
	ASA S	Wa	shing:	ton, D.	C	USA			WIDOW		DIVORC			omery			MD
	A SHEET OF SHEET S	1	ilver !		(IF I	ME OF HOSE NOT IN SUCH FACE 03 Whi	ILITY, GIVE STR	EET ADDRESS)		ER INSTITUTI	ION	FOR MOS	OCCUPATI STOFWORKING 1097a			KIND OF B OR INDUS FFE	USINESS TRY
-	300/17	USUA	L RESIDENCE	(IF IN NURSING HOA	E OR OTHER I	NSTITUTION, GIV	E RESIDENCE B	EFORE ADMISSI	ON)	h.,				phen	114	, , , ,	
2120	THE STATE OF THE S	130. S	ryland	Mor	tgom	ery	Silve	er Spr		13d. INSIDE (IT	NO [13e. STREET		stone	Road	2	0901
WD	67	14. FA	THER'S NAME		MIDDLE		· ·	AST		15. MOTHER	ST MAIDE	NNAME	MIDDLE			LAST	
RE,	英州		VINCE		L.		Gl	ILLI		ALI	CE		L.		S	ULLI	VAN
BALTIMORE,	PAC		AS DECEASED	DEVER IN U.S. A	RMED FO		16b SOCI	AL SECURIT	YNO.	17. INFORM	ANT		A	DDRESS			
ALT	JRS AFTER B. GIVE P. WITH FO T. PAGES DIVISION	NO					578-	01-2	021	EUGEN	VE A	RCHER	Hu.	SBAND	SAM	E AS	13
2	2		18 CAUSE O	F DEATH (Enter ATH WAS CAU											BE	APPROXIMA	TE INTERVAL ET AND DEATH
N S	N 24 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, D		PARTIDE	IMMED	IATE CAUS	E (o) AC				diseas	е						
ESTO	ZZZZEZQ		e tu	.,		DUE TO, OR									100		
<u>o</u>			gove ris	ns, if ony, whi se to immedic	te	(D)				l dise	ase.						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	D BE EXECUTED WITHING PENCIL IN PENCIL IN PENCIL IN PENCIL IN AS A BURILE TRANS FAITH AND MENTAL IN CREMATION, OR REA		couse (o) lying cou	stoting the <u>und</u>	EL.	DUE TO, OR	AS A CONS	EQUENCE	OF								
DS.	A SUR		PART 2 DTHER SI	GNIFICANT CONDITIO	NS CONTRIBUT	ING TO DEATH B	UT NOT RELATI	D TO THE TERM	INAL DISEASI	DR CONDITION	GIVEN IN PA	RT 1 (a)					
0	ATE SHOULD BE EXECTE WORD "PENDING" THE CHIEF MEDICAL JUD BE USED AS A BU MENT OF HEALTH AN TO BURIAL, CREMATI	NO	W 12		No	ne											
ex m	HEA A MEN	CERTIFICATION	19a. DATE OF	OPERATION		196 CONDIT	ION FOR W	HICH OPER	ATION W	AS PERFORM	AED?	137			20	AUTOPSY	1?
ITA	SHOUL CHIEF CHIEF E USED TOF H	Ĕ	None												86.2	YES 🗆	NO K
7 7	CATE SI THE WO THE WO ULD BE STO BU	GEN		L CAUSE WAS		11b. TIME OF HOUR A.M.	INJURY	DAY VEAL	21c. HC	OW INJURY O	OCCURRE	D LENTER NAT	URE OF INJURY I	IN ITEM 18 PART	OR PART 2)		
NO	AARIA FOUT FOUT FOUT FOUT FOUT FOUT FOUT FOUT	N. N.	UNDERLYING CONTRIBUTIN	OR CAUSE C	F DEATH	P.M.	MONTH	19				None					
VISIO	IIS CERTIFICATE ARDED TO THE GE 3 SHOULD E TE DEPARTMEN 201 PRIOR TO	MEDICAL	21d. INJURY C	CCURRED		21e PLACE O	F INJURY			CATION						0-3	
ā		2	AT WORK	NOT WHILE AT WORK		SIREEI, FACIO	DRT. FARM, ETC)	· ·	IKEE			ITY OR TOWN		COUNTY		STATE
	TO MEDICAL EXAMINER; THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNEAL DIRECTOR: PAGE DEATH, WITH THE STATE DEATH WITH STATE DEATH WITH STATE DEATH WITH THE STATE DEATH WITH STATE DEATH		220. 1 certif	fy that I took cha ed from: No	rge of the	THE RESERVE OF THE PERSON OF T	Accident		Autop:	y . Homicio	Inspection de	_	Inquiry		my opinion		
	MAR WAR		ACTUAL		2	011	/			TITLE (SP					DATE	6/6/8	25
	SER SER		SIGNATURE		~~	6		201	W	D. Deb	1919	Semin	at EXAMINE	R	GIGNED.	0/0/0	
	SE SE SE		EXAMINER'S (TYPE OR PRIN	NAME	John	S. Rog	ers.	M.D.					-	Montgo	merv.	Md.	
	PAFT PAFT	23a.Bi	IRIAL, CREMA	TION, REMOVAL						R CREMATO		23d. LOCA		3			
07/84	BP	(S	URIAL		JUNI					HFAVI				חחדוום	COUNTY		STATE
25M		24 FU	INERAL DIREC	TOR FRANC	CIS I	. COLL	TNS	GALE	UF	TEAVE	a. DATE	STI	W-10-W-10-10	PRING Sh REGISTRA			D
	DHMH - 17 (VR A15 ME (5))			RSITY B				PRING	MD.	13	JUN	1101	985	illa Da	ndson-1	Janas	1

Mes 800 - mes les estates and another OMPA S . on the state of the mean product it to antique mouth ement o pincerite of perce. dolm ... somers, 7.1. Mil ver Daring, Montgomery, Md.

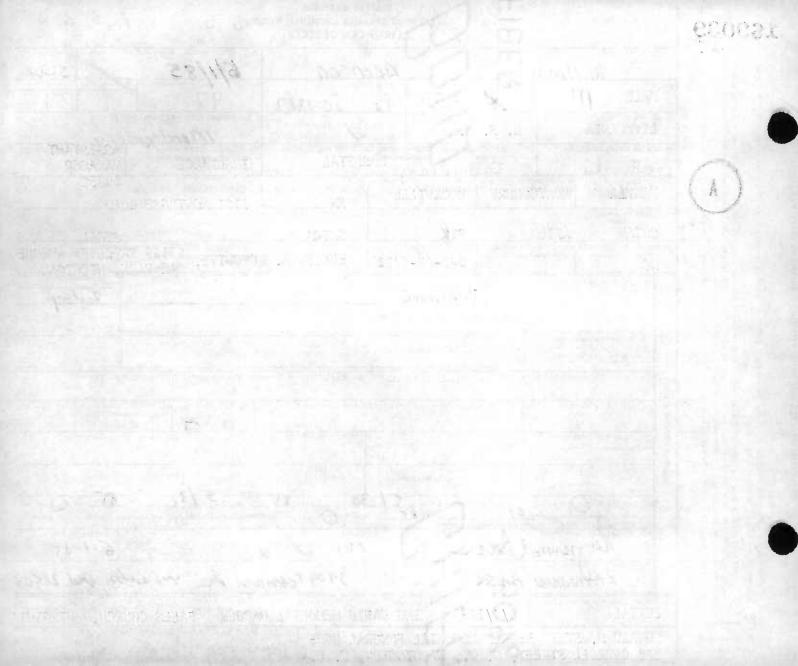
183128	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES RAR CERTIFICATE OF DEATH REG. NO.								
noy be		CEASED NAME) OR PRINT) DECEMBER 13	C. H	rdila	20. DATE OF DEATH MONTH 06-24-85	DAY YEAR 26. HOLLE O					
merctor, po		emale	Caucasian	May 28, 1929	6. AGE (IN YEARS LAST BIRTHDAY) 56 YRS. 9. BALTIMORE CITY OR COUNT	IF UNDER 1 YEAR IF UNDER 24 HRS					
tunerol of the 72 kg	Cc	RTHPLACE (STATE ORFOREIGN) COUNTRY) DIOMBIA TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTY COlombia 11. NAME OF HOSPITAL NUR	MARRIED NEVER MARRIED WIDOWED DIVORCED	3 Montgome	County MD.					
num offer	USU	DETHUS OLL AL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SUCH FACILITY, GIVE STI	FORE ADMISSION)	Salesperson	Retail					
YLAND 24 h	Ma	THER'S NAME	gomery Rockv	7111e YES X NO [6714 Montros	e Road/20852					
d comple	1An V	JOSE	F WAR OR DATEST	ECURITY NO. 17, INFORMANT	ADDRESS	Herrera					
BALTIMO	1	VO	218 – 5		R. Ardila, same	e as #13					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate secretarian in the nate of complete, filted in the ost the buriol-transit permit. Then please remove corbin paper is certificate has been signed by the ottending physician of complete, filted in the ost the buriol-transit permit. Then please remove corbin paper is certificate prior to buriol, cremation, or removal. Orked or them 18 shows ony injury, or other traumatic experience of them 18 shows ony injury, or other traumatic experience.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF	non of Breas						
ECORDS, 20 ow requires t been signed prior to burio ony injury. or	CATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	tion RM	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GI	S, WERE FINDINGS USED					
ON OF VITAL RE IVSICIAN: The lo ding physician. is certificate has burial-transit per Mental Hygiene. or frem 18 shows	I CERTIFICATION	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR 21c HOW INJURY OC		IFYING CAUSES OF DEATH? ES					
DING PHYSICIA or ottending p After this certifice as the burial- olth and Menta marked or, Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	19 21f. LOCATION STREET	CITY OR IOWN	COUNTY STATE					
TEND or use or use of Heol		saw the deceased olive an obove, (1) (we) (did) (did no	ital) ottended the deceased fro	9, and that in (my) (aur) api	nian death accurred an the date and ha						
HOSPITAL OR AI ned by the hosp FUNERAL DIREC- uid be detached if the Store Dept. o		22b. SIGNATURE	rlooke	DEGREE ATTENDIN PHYSICIA 122e ADDRESS	NG MEDICAL STAFF	22c. DATE SIGNED 6 25/85					
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Store	23a. E	BURIAL, CREMATION, REMOVAL	V. COOK	3. NAME OF CEMETERY OR CREMATO	ORY 1230 LOCATION	, Kensington					
BP		spec Burial	10/0 1000	Parklawn Mem.Pa							
DHMH - 16 50M 4/83 (VRA 15, 4)		DNERAL DIRECTOR Rober DMes, P.A. Be			JUN 2 7 1985	TRANS SIGNATURE					

The state of the s Tobydiction, granation 58 40 0 84 0 20 1/ 4000

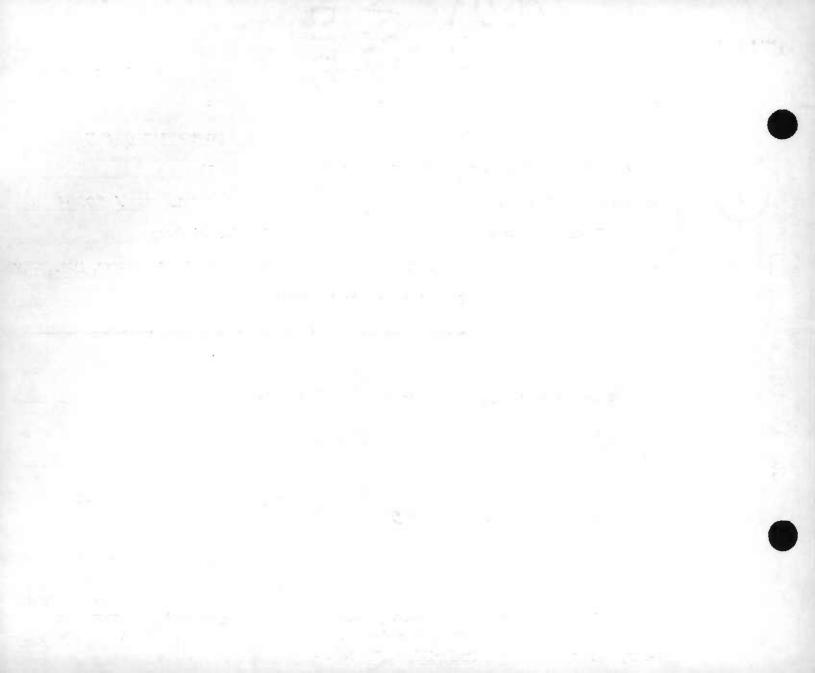
176029	1-	FOR STATE REGISTRAR	DEP		CATE OF DEATH		REG. NO.	7 5 2 2
1 777	(TYPE	CEASED NAME FIRST OR PRINT) WILLI	AM T	ARM	15TROVE	5	OF DEATH MONTH	16 85 750 M
oge 4 mg	1 SE	NALE	CAUC.	S. DATE O		9	NYEARS LAST BIRTHDAY) 66 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7	CC	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	/_	D I	ORE CITY OR COUNT	MD.
J 68	10. C	LUER SPRING	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE:		R OTHER INSTITUTIO	(TYPE OF W	NL OCCUPATION ORK FOR MOST OF WORKING MGR.	12b. KIND OUBUSINGOUT. DEPT OF ENERGY
r 24 hour tilled in moultil be in	13a. 5		NTY 13c. CITY OR		13d INSIDE CITY LIM YES XX NO [] 1	T ADDRESS / ZIP COL 1004 BURNLE	
ompletely (WILLIAM		STRONG		DEN NAME [DA	ADDRESS	POWELL
be execu-	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	SECURITY NO. 17-2190	HELEN AR	RMSTRONG	SAME AS 1	
entificate g physics on poper emovol.		PART I. DEATH WAS CAUSE IMMEDIAT	nly one cause per line for (o), (b ED BY. TE CAUSE (o) Resp.	coby C	line			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death of the ottender death sometimes contain of cemoritan or or other traumatics.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) F (DUE TO, OR AS A CONS (c) Line to, L	Lysens	itatic care	enorg		
een signe in. Then p ion to but ny injury, v	ATION	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING					ES, WERE FINDINGS USED
The lay con- con- set perm gene pi	CERTIFICAT			THE TOTE RATIO		YES 🗌	NO IN CERT	YES NO NO
rSiClani ing physical certifical condition Aerital Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	211 LOCATION	OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
TNG PH r offer the offer the lift and it	ME	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OI		STREET	~//	CITY OR TOWN	COUNTY STATE
Afficial of Special of			ital) attended the deceased for the control of the	19 <u>85</u> , an		apinian death accur	rred an the date and ha	, 19, that (we) last aur and from the causes stated
TAL OF By the No ERAL DIFFE Store Dep		22d. PHYSICIAN S NAME (TYPE O	lha -		ATTENE PHYSIC 22e ADDRESS	DING MODICA	STAFF DR PHYSICIAN	22c. DATE SIGNED
O HOSPITAL elbrined by th TO FUNERAL should be deto with the Stote		Jay a	Jeiner mo		47	-		Pocksille, and
BP		BURIAL CREMATION, REMOVAL	6/19/85	PARKLA	METERY OR CREMA	RY RO	CRVILLE	CAMONT STATED.
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	INERAL DIRECTOR FRANCI 500 UNIV.BLVD.,	S J. COLLINS	ING, MD.		250 DATEMENT 28	OF 1985 256. REGIS	ERABER ENATURADE

The state of the series The Later Strang Lovelle

	1		STATE OF MARYLAND	2 0 3
1.59039	1.	FOR • STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH	3 4 9
	1. DE	CEASED NAME FIRST	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 25. HOUR
be oth	{TYP[ORPRINT) William	Deposon 6/1/85	5:20AM
may be page 3 ter death	3. SE	X	4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BRIHDAY) F	UNDER I YEAR IF UNDER 24 HRS
ge 4		MALE	WHITE MONTH 20 1887 97 YRS. MONTH	DATS HOURS MIN.
2 52 0		RITHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	FDEATH
1 13 6/		ITY OR TOWN OF DEATH	WIDOWED DIVORCED 17/07/79/MI	PRU MD.
N	3	ethesda	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTED SUCH FACILITY, GIVE STREET ADDRESS HOSPITAL (TYPE OF WORKING LIFE) INSURANCE	MANAGER
of the Walter	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) GOMERY 136 ROCKVILLE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES XX NO (12.1 MONTROSE RO	20852
1 12 16	II.E	ATHER'S NAME	IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
P due 60		CHIAM ARIE	M DIK PATCA	SEGAL
Pages	1	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 35 RA EVELYN A. HOROWITZ, OAK PARK	DCLIFT AVENUE
cote b vyscor opers. nr. the			ly one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 done 2			ECAUSE (a) Preummee	2 days
the many the control of the control		Candidian if It I	DUE TO, OR AS A CONSEQUENCE OF	
to a de		Canditions, if any, which gave rise to immediate cause (a), stating the	(b).	
that the day the ease of oil, or other		underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
equires the signed. Then pled to buriol injury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Hos
prior prior	CERTIFICATION	19a. DATE OF OPERATION	IN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
Sho gie	ER	21a. ACCIDENT WAS UNDERLYING	YES NOW YES YES YES	
Phy p	-	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	, our and it
\$ 5 P 10 P 2	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED	21 PLACE OF INJURY 211 LOCATION	COUNTY STATE
offen offen sthe sthe rked c	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
NDIN Lor Use or teolth			tol) attended the deceased from 30 19 19 19	1 tho (I)(we) lost
ATTE aspito CTO d for n 21			tibliew the bady after death.	
OR DIRE		22b. SIGNATIONE	DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN OF DIRECTOR OF PHYSICIAN OF	22c. DATE SIGNED
by the by the ERAL DII AL O Store De AANT: If It	-	224. PHYSICIAN'S NAME (TYPE O	Throidian Director Throidian	10 -1-01
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined with the Store I IMPORTANT: If		PAYMONE		m, und 20906
BP		BURIAL, CREMATION, REMOVAL BURIAL	236 DATE 6/4/1985 KING DAVID MEMORIAL GARDEN FALLS CHU	RCH VIRGINIA
DHMH - 16 50M 4/83	24 6	YOUNAL PREGUE STEIN	HEBREW MEMORIAL FUNERAL HOME	,
(VRA 15, 4)			FT. N. W. WASHINGTON, D. C.	- Bordan



FOR



VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

CORNELL OF THE TANK OF THE PARTY OF THE PART destroy of the second of the s ASSESSMENT OF THE PROPERTY OF

182124	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 2 /
/		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
poge 3			ARD I	BAILEY SR.	JUNE 22, 1985	1:45am
m. mo	3. SE	(4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER 1 YEAR IF UNDER 24 HRS
ge 4		MALE	WHITE	APRIL 19, 1909	76 YRS.	
P P P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	DEATH
in 72		VA.	USA	WIDOWED DIVORCED	Montgomery	MD.
	10, CI	olney	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Montgomery Gene	rad Hospital		126. KIND OF BUSINESS OR INDUSTRY FARMING
	13a S	TATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV UPPER MA	ARLBORD YES E NO [13e STREET ADDRESS ZIP CODE 10904 BENNINGTON	DR. 20772
and 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	K. BAILEY	15 MOTHER'S MAIDEN NA/	- LAMBER	T LAST
n and co		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GIV	VE 11110 000 01 12001	-8385A I.E. Bailey,	Jr. Woodbine, M	ld. 21797
TENDING PHYSICIAN, The law requires that the death certital or obtaining physicion. OR. After this certificate has been signed by the ottending provides the burial-transit permit. Then please remove carbon the use the burial-transit permit. Then please remove carbon the about the prior to burial, cremation, or real is marked or Item 18 shows any injury, or other traumatic evil is marked or Item.	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT (AGRAMULOC) 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE) 220. I certify that (1) (this hasp) saw the deceased olive on	DUE TO, OR AS A CONSEOU (b) L CARDIO DUE TO, OR AS A CONSEOU (c) ARTHURO CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH G M G M NOTH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, ital) attended the degreesed from 19	DEATH BUT NOT RELATED TO THE TERM I A P D E S L P T H OPERATION WAS PERFORMED OF THE PROPERTY OF THE PROPERTY OF THE PERFORMENT AY YEAR 19 211 LOCATION STREET 4 - 8 - 8 1, 19	LURAR CREBRO- 1 - LINAL DISEASE OR CONDITION GIVEN 7 C I E M I A S I H 200 AUTOPSY? 200. IF YES, W	ERE FINDINGS USED G CAUSES OF DEATH? NO OR PART ?) COUNTY STATE
by the hosp by the hosp JERAL DIRECT be detached to State Dept. a ANT: If them 2		abave, (1) (we) (stid) (did no 22b. SIGNATURE	or print)	DEGREE ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN	6/22/05
O HOS etoined TO FUN thould the		MANIOH	· DIAZ MD	18111 PRIN	CE PHILIPER. O	Denny Md.

POPLAR SPRINGS BURIAL JUNE 25,1985 BP 24 FUNERAL DIRECTOR LAYTONSVILLE, MD. 20879 FRANCIS H. B ARBER

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

236. DATE

23c NAME OF CEMETERY OR CREMATORY POPLAR SPRINGS ON HOWARD STAT MD

DHMH - 16 60M 7/84 (VRA 15, 4)

100 E	2807 (20 200)		100		
	Technology (1911)				
		Sant l	gaels Internal f	za omena	
		a letter			
	-				

STATE OF MARYLAND 189070 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR A TYPE OR PRINTI 30, 1985 WILLIAM EDWARD BAKER JUNE 9:45 1 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MALE WHITE JULY 25, 1899 85 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTY). MARRIED NEVER MARRIED USA WIDOWED MONTGOMERY DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 13313 Pepper Court INDUSTRY GERMANTOWN FARM FARMER BALTAND 21201 JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13c. CITY OR TOWN 13e STREET ADDRESS MD. 13d. INSIDE CITY LIMITS? 20874 13313 Pepper Court GERMANTOWN YES P NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST HARDING JAMES BAKER IDA WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 220-01-5438A Eleanor V. Baker Same as # 13 NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I, DEATH WAS CAUSED BY teriosclerofic cardiovascula dicease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. MED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CLEARED NOX YES [NO | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from saw the deceased alive an abave (I) we) (did) (did no and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN July 1, 1985

23c NAME OF CEMETERY OR CREMATORY

FOREST OAK

DHMH - 16 50M 1/B1 (VRA 15, 4)

FRANCIS H. BARBER LAYTONSVEELE, MD. 20879

JULY 3,1985

23b. DATE

230. BURIAL, CREMATION, REMOVAL

BURIAL

GAITHERS BURG MONT. MD. 1250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

02 1985 game Davidson-Randale

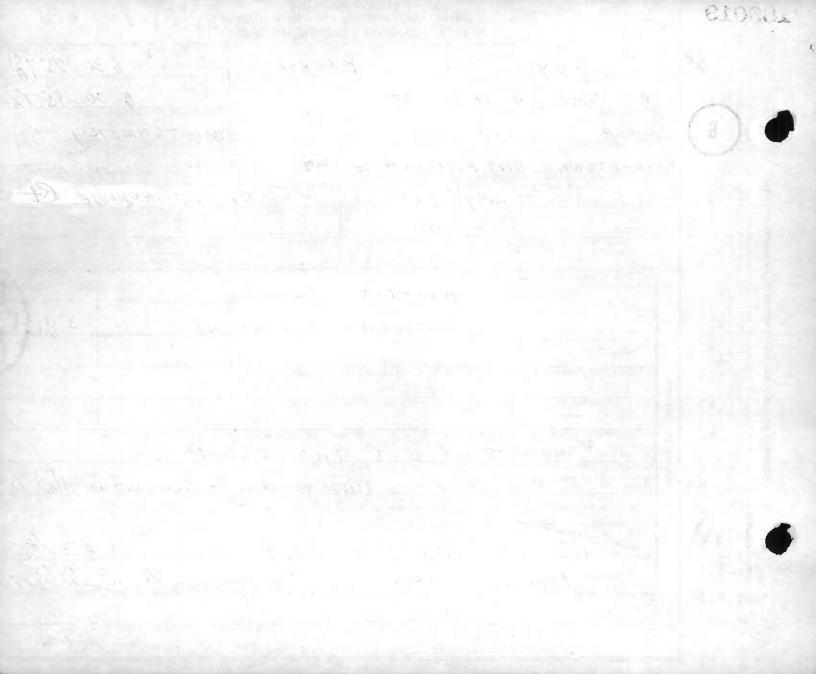
THE RESERVE OF THE PARTY OF THE Company to the same of the company o Taken of Contract Contraction of the Contraction Sensel to be a warming for the sense of the BUT TO THE REAL PROPERTY OF THE PARTY OF THE Seat All V. Colonia (Maria 1957) Land Daniel Colonia CTOL SAL CARRY WATER BOOK I SPECIAL

Gaithersburg. Md. 20877

(VRA 15, 4)

		**
and the part of the period of	Colored matter book	
777	1,07	
Violet Line)		
euthosoma mangated biced)	. The shift fair tone provide provides	
	id. Hollingsonry option runder 2	
100 Lender J 001	Thomas yellows the second to t	
8		
- 18/1/8		
	C Fossed as the same as fossed)	
.e	poverned a fact of 10 No. 10 notice to	

48	9019		FOR		OF MARYLAND ALTH AND MENTAL HYG	MENIE "	= 3 0
200	OCLO		STATE REGISTRAR	MEDICAL EXAMINER		G vig	5 5 6
	100	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN OF MONT	H DAY YEAR 2b. HOUR
	Haisis & L	(TYP	E OR PRINT)	T.	BARRY	OF ESTI-	30 1085 781
	A SEE SEE	3. SE)	14. RACE S. DATE O	OF BIRTH 6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER 24 H		DAY YEAR Id. HOUR
	N SIR		m apuc 4	14 20 GS YRS.	MONTHS DAYS HOURS MI	N. PRONOUNCED DEAD	30 198579M
-			RTHPLACE (STATE OR 7b. CITIZE	N OF WHAT COUNTRYS	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
-	D 2 2 2		REIGN COUNTRY; ANADA (;,I		IDOWED DIVORCED	D MINTGOMI	TRY County
	の単の	10. C		OF HOSPITAL, NURSING HOME, OF	R OTHER INSTITUTION 120	D. USUAL OCCUPATION (TYPE OF WORL	
	NO A PLANT	a	RMANTOWN 1812	7 KITCHEN HOUS	R	lesearch Chemist	U.S. Customs
- 0	D SERVICE OF THE PROPERTY OF T	USUA	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE 43). COUNTY	ITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13-	STREET ADDRESS	9666
212	A SE PE	F1c	orida Palm Beach	Jupiter		67 Beacon Lane/	33458
WD.	ZINES THE	4. F/	ATHER'S NAME	LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST
12	A SE SE	-	Thomas	Barry	Leonie		Prevost
IMO	N SESTE	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCE ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES		O. 17. INFORMANT	167 Beacon La	ne
IALT	S AFI		No	089-26-4599	Therese Bar	ry Jupiter, Flor	
- 6	300 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.		18 CAUSE OF DEATH (Enter only one coust PART I DEATH WAS CAUSED BY:	e per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO.	A PERSONAL		, IMMEDIATE CAUSE (FAILUR	36	
EST	NO FEE		Conditions, if ony, which	E TO, OR AS A CONSEQUENCE OF			3.1.
2	A PARA PARA PARA PARA PARA PARA PARA PA		gove rise to immediate	b) CARCINOMA	of Rac	TUM	3 415
V 10	WEN TO N		couse (o) stoting the <u>under-</u> lying couse lost.	E TO, OR AS A CONSEQUENCE OF			
8	B12250	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	C)	CIVILLE DE CONOMINA DE CONOMIN		
RECORDS	SHAB SHAB	Z	TAKE 2 ONER SIGNAL CAN CONDITIONS CONTRIBUTING	TO GEATH BOT HOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1	(0).	
	HEAL CR	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTOPSY?
OF VITAL	오유토의	F.					YES NO D
> 7	FICATE SET THE WOOLD BE COULD	CERT	ren /	TIME OF INJURY	21c HOW INJURY OCCURRED (8	ENTER NATURE OF INJURY IN ITEM 18 PART I OR	
NO	FICATI THE V OULD		ONDERETHO WOOK	MP.M. 6 30 1985	DIED IN	CLERP	
DIVISION	ERTING INC ED 1 SSH PR	MEDICAL	21d. INJURY OCCURRED 21e		II LOCATION		1
5	=>400	2	WHILE NOT WHILE AT WORK	Home	8/27 KITCHEUHEUS	CT CORMAND	OWW WINST IS
	RE TH VIE, V DRW/ RE PA E STA D, 21		22a. I certify that I took charge of the ren	noins described above held on	Autopsy , Inspection	Inquiry O, ond in my	aninian
200	EXAMINER CERTIFICAT JULD BE FOF DIRECTOR! (, WITH THE MARYLAND		death resulted from: Natural eauses	Ageigent , Suicide		Indetermined monner .	opinion
	EXAM CERTI ULD B DIRE WARY			-11/1. / 1	TITLEVSPECIFY)		1.1.1
	AL AL		ACTUAL SIGNATURE	Mullelle	DMD Dest	MEDICAL EXAMINER SIGI	
	NORA STATE		EVAMINED'S NAME T	18/M.		.1 //	D 2081X.
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BACTIMORE, M	-	EXAMINER'S NAME FRANCIS	MAYLE	ADDRESS_ 5 200 U	Kcoasew/ Hug	PARISONI
	EBZZZ	(3	URIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETI		3d. LOCATION CITY OR TOWN CO	DUNTY STATE
07/84 25M	BP	24.5	remation July 1	,1985 Metropolit	an Crematory	Alexandria	Virginia
20.71	DHMH - 17	24 1	JNERAL DIRECTOR Robert A. P	umphrey Funeral I	Homes,	D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
	(VR A15 ME (5))		P.A Kockvi	lle, Maryland	1000	3 1985	



DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1		CEASED NAME	FIRST		MIDDLE		AST		AONTH DAY	YEAR	2b. HOI	UR
	(ITPE	ROBER		r PAUL BART		ARTLETT		JUNE 5. 1985		6:15P M		
3. SE				4. RACE		5. DATE O				FUNDER I YEAR IF UNDER 24 HRS		R 24 HRS MIN.
		MALE	20	WHITE		JUL		62	YRS.	H3 DATS	HOURS	MIN.
		RTHPLACE (STATE OF F	76. CITIZEN OF	WHAT COUN	ITRY? 8.	NEVER MARRIED . 9. BALTIMORE CITY OR COUNTY O			DEATH			
	WYOMING			U.S.A. WIDOWE						MD.		
1	10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME C			LITYPE OF WORK FOR MOST OF WORKING LIFE			126 KIND OF BUSINESS OR		
d	BETHESDA 💝			NIH,	THE CL	INICAL (ENTER SELF EMPLOYED &				CONT	5.1
ė	USUA 13a. S	AL RESIDENCE (IF NURS	136 COUL		GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	4	99	94
2	CA	LIFORNIA	KIN	GS	HANFO	RD	YES NO	9477 - 12tl	h Ave.,	9:	3230	1
7	14. FA	THER'S NAME		MIDDLE	LAS	ī	15. MOTHER'S MAIDEN N.	AME	2.114	LA:	51	
7	PAUL				BARTL		MARIE			LOFGREN		
7		VAS DECEASED EVER	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRES	S				
)		YES WWII			557-	24-9642	MRS. BILLIE J. BARTLETT (WIFE					
		18 CAUSE OF DEAT	H (Enter ar	ly ane cause per	line for (a), (b), and (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		RVAL D DEATH
		PART I. DEATH WAS CAUSED BY METASTATIC PANCREATIC CARCINOMA									22 MONTHS	
	DUE TO, OR AS A CONSEQUENCE OF											
		Canditions, if any, which (b)										
		gave rise to immediate cause (a), stating the DUETO, ORAS A CONSEQUENCE OF										-
		underlying cause last.										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART										
	o N											
7	CERTIFICATION	190 DATE OF OPERATION		19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI			
	E							YES X NO YES X			NO [
1		210. ACCIDENT WAS UNI		21b. TIME C		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)		
	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		M. 19								
	MEDICAL	21d INJURY OCCUR	RED		OF INJURY	FFICE, FARM, ETC.)	211 LOCATION	CITY OR TOW	'N	COUNTY		STATE
	Σ	AT WORK AT WO	RK	(MI NOME, 31	MEET, FACTORF, O	TERCE, TARM, ETC.)						
		22a I certify that X	(this hasp	ital) attended th	ne deceased f	ram July	5. 1983 19	June 5,	. 19_	85	that (X	(we) last
		saw the deceased always June 5, 19.85, and that in XX (aur) apinion death accurred an the date and haur an abave, (A (we) (did) (A (XXX) view the body after death.									causes s	tated
		22b. SIG TURN DEGREE							22c. DATE	SIGNED		
2		ATTENDING MEDICAL ST. PHYSICIAN DIRECTOR PHYS						DIRECTOR PHYSICI	AN 🗌	6	16/	02
		22d. PHY JCIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NATTONAL TIST							TES OF	HEAL	CH	
		JOHN T VETTO MD BETHESDA, MARYLAND 20205										
		BURIAL, CREMATION,						23d. LOCATION	c.c	DUNTY		STATE
		SPECIFY) DIDTA	-	T VETO MD DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR								

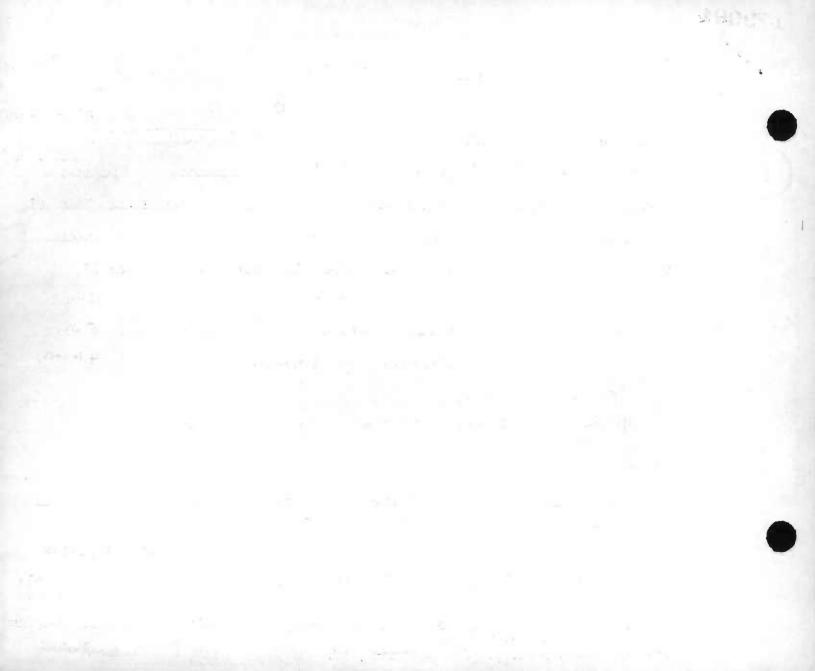
DHMH - 16 50M 4/83 (VRA 15, 4)

PEOPLES FUNERAL CHAPEL
UTY ST. HANFORD, CA 93230 24 FUNERAL DIRECTOR 501 n. DOUTY ST., HANFORD

O 1985

KINGS

179001	1.	FOR STATE REGISLIBAR		DEPARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 5 REG. NO.	7 5 3 2
moy be		PRINTED PRINTED	A RACE	5. DATE	F BIRTH YEAR	20. DATE OF DEATH MONTH TONE 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 76 HOUR WINDER 24 HIS MIN.
leoth. Page 4	W	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	CUI APT OUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED D		Y OF DEATH
d in or the lided with the last be notified	T(ITY OR TOWN OF DEATH KONG POLK AL RESIDENCE IF NURSING HOME OF STATE 13b. COU	NOTHER INSTITUTION, GIVE RESI	GIVE STREET ADDRESS	PROTHER INSTITUTION COHIST 134 INSIDE CITY LIMITS?	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HISTORIAN 13a STREET ADDRESS / ZIP COD	Defense
ed within mpletely file ond 2 should		yland Mont THER'S NAME FIRST William	WIDDLE	lver Sprin LAST Quer	YES NO	WIODIE	reet 20901 Vriesen
e be execut cion ond co cion ond co rion ond co rion ond co			I TT 21	5-38-4573	Bernice I. F	ADDRESS Bauer Wife Sam	e as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN. The low requires that the death certificate be executed within rentending physician. When this certificate has been signed by the attending physician and completely frost the build-increst permit. Then please remove corbon papers. Pages I and 2 sho than and Mental Hygiene prior to burial, cremation, or removal. orked or Item 18 shows, any injury, or other troumatic event, the medical examiners		PART I. DEATH WAS CAUS	ED BY:	Craio genic	Shock		12 hrs
i that the deid by the otter lease remove icid, cremation or other trou		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CACIDOME	of Espha	en s	4 months
he low requires on. hos been signed t permit. Then pli ene prior to buri, ows.ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT PEY: pane year 190 DATE OF OPERATION 318185	HL Absuss		N WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\) NO \(\)
PHYSICIAN: The ending physicio this certificate he burial-transit ad Mental Hygie d or Item 18 sho	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OF ETIHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A.M. MO ER) P.M. 21e PLACE OF INJU	RY ONTH DAY YEAR 19 URY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM T8	
NO O O O O O O O O O O O O O O O O O O	WE	WHILE NOT WHILE AT WORK 270.1 certify that (I) (the has saw the deceased alive a above, (I) (we) (shall did not be)	ortal) attended the deced			to 623	19.85, that (I) (we) lost
DSPITAL OR ATTER by the hospital DINERAL DIRECTOR 3 be defoched for he Store Dept. of RTANT: if hem 21		obove, (I) (we) (did n 22b. SIGNATURE	d Mun	1	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 6 21 85
TO HOSPITAL retained by the TO FUNERAL should be defined with the Stoff with the	23a.	A) fred BURIAL, CREMATION, REMOVA	M Un Ze	23c. NAME OF	7600 COM	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 F	irial UNERAL DIRECTOR Franc O University B	is J. Colli	ns DRESS		Rockville Mo ATE REC'D. BY REGISTRAR 25b. REGIS	ntgomery Marylar transsignature



30	40101	1	FOR			SERART			ARYLAN			al.		1070	~ .	7
よむ	8125	1-	STATE				MENT OF H EXAMINE				YGIENE	7	1 /	5	3	٥
1		1.05	REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	EXAMINE	K.2 C	EKTIFIC	CATEO	PENE		REG. NO.			1
			E OR PRINT)						ASI			OF ES	TI-	ONTH DA		27 HOSE
	A SA			Marie		М.		-	Baur	200		DEATH MA	TED [6/7	19 85	, A. N
	EDE SE	3. SE)			DATE OF BIRTH	O YEAR	6. AGE (IN YEAR LAST BIRTHDAY			IF UNDER		DATE		NTH DA		14 HOUE
	S200 8		emale			.894	90 YRS			HOOKS	Milk	DEAD		6/7	19 85	A. M
-	2000年1月	FC	RTHPLACE (STATE REIGN COUNTRY)		16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED XX 9 BALTIMORE CITY OR COUNTRY							OVITIO	FDEATH			
•	2523		nnsylvan		U.S.A.			WIDOW		DIVORCE		Mon	tgomer	y Cou	inty	MD
	に表現的である	0.0	TY OR TOWN OF	DEATH 1	I NAME OF HOS	PITAL, NUI	RSING HOME,	OR OTHE	R INSTITUT	TION	12a USUAL	OCCUPATION OF WORKING	ON (TYPE OF W	ORK 12b.	KIND OF BU	JSINESS
	352 7		ilver Spr		1431 Cre	stric	dge Dri					kkeepe			CC	K I
5	DE SEGO	13a. S	L RESIDENCE (##	13b. COUNTY	OTHER INSTITUTION, GIV		OR TOWN		13d. INSIDE CIT	ITV I IMITCO	13e. STREET					
212	ると思う思う	M:	aryland		romery		ver Spr	ing	YES 🗌	NO 🗌	1431	Cres	tridge	Driv	ve 2	0910
90	ENMINE 7	14. F/	THER'S NAME		WIDDLE		LAST		15. MOTHE	R'S MAIDE					-	
W	10年級	1	William		MIDDEL	_	Saur	200	B	Barbar	10	WIDDLE		Vo	ager	
BALTIMORE	ESONS /	16a. V	VAS DECEASED EN	VER IN U.S. ARME	D FORCES?		IAL SECURITY	NO.	17. INFORM	MANT	<u> </u>	Al	DDRESS24	10 40	udan	Drive
Ę	24 HOURS AFTER ITEM 18. GIVE PA LONG WITH FOR PERMIT. PAGES I GIENE, DIVISION VYAL.	No	LO, MO, OR GIARROWN,	(IF TES, GIVE WA	IR OR GATES	579	-46-050	5	Jean	Radae	one M	iece	Silver	o IIu	ing W	d
:	WIT. P.		18 CAUSE OF D	EATH (Enter only o	ane cause per line	for (a), (b)	ond (c).)		Jense	Kouge	763 1	LECE	SILVE		APPROXIMATI	
201 W. PRESTON ST	O WITHIN 24 HORD PENCIL IN ITEM 1 MINER ALONG TRANSIT PERMI ENTAL HYGIENE, OR REMOVAL.		PARTIDEATH	H WAS CAUSED B	CAUSE (o) AC			ial (diseas	se				81	ETWEEN ONSE	MUD SHIK
0	AZZA AZZA AZZA AZZA AZZA AZZA AZZA AZZ			PARCOINE			ISEQUENCE OF				-	4.5				
8	NITHIN NCIL IN INER A INER A ITAL HY R REMO			if any, which	the ar	terio	osclero	tic o	cardio	ovasci	ular d	liseas	٥,		Year	25
×	OR THE W		cause (a) sta	ta immediate ting the <u>under-</u>			SEQUENCE OF		OCE CLER	<u> </u>	WINCE C				2002	
201	THIS CERTIFICATE SHOULD BE EXECUTED WITH WARDED TO THE WORD." PENDING". IN PENCIL AND THE WEDICAL EXAMINER WARDED TO THE CHIEF MEDICAL EXAMINER AGE 3 SHOULD BE USED AS A BURIAL. "TRAN TATE DEPARTMENT OF HEALTH AND MENTAL PROPERTY OF BURIAL, CREMATION, OR REF		lying cause I	ast.	((0)											
	A PIC		PART 2 DTHER SIGNIF	ICANT CONDITIONS CON	STRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMIN	AL DISEASE	OR CONDITION	N GIVEN IN PAR	RT 1 in:					
8	S A KEN	Z			Vone											
84	STATE OF THE STATE	TA.	19a. DATE OF OP			ION FOR V	WHICH OPERA	TIONWA	S PERFORA	MED?				20	AUTOPSY	?
¥.	OF SERVICE SER	Ę	None		100										YES	NO X
7 V	W HE W	CER	21a. EXTERNAL C	_	21b. TIME OF			21c. HO	W INJURY	OCCURRE	D (ENTER NAT	URE OF INJURY IN	ITEM IS PART)	OR PART 2)	123 🔾	140 (24)
NO	SHOOT STANS	X	UNDERLYING CONTRIBUTING	OR CAUSE OF DEA		MONTH	DAY YEAR		Nor	ne						
DIVISION OF VITAL RECORDS,	ERTING EPA PREPA	MEDICAL CERTIFICATION	21d INTURY OCC	LIRRED	21e PLACE O	F INJURY	(AT HOME.	211. LOC	ATION	110		-				
ă	NRII VRII VRII VRII VRII VRII VRII VRII	Z	WHILE AT WORK	T WORK	STREET, FACTO	ORY, FARM, ET	(C)	STI	REET		С	TY OR TOWN		COUNTY		STATE
	CATE, WRI CATE, WRI FORWARD OR: PAGE THE STATE (ND, 2120		100000000000000000000000000000000000000		6.0						[7]			100		
	AND STATE			nat I taak charge a				Autapsy		Inspection		Inquiry L	, and in n	ny apinion		
	RTIF RTIF S BE NTH		, death resulted f	ram Natural	causes Lat.	Accident	L, Suici	de 🔲,	Homici		Undeterm	ined manner	<u></u> □,			
	AA.		ACTUAL	6	1111	~	244	25	TITLE (SP	12 + 22			D	ATE	6/7/8	35
	SER SER	1	SIGNATURE			0		- GALE	- ope	1919	Semir	LEXAMINER	nad si	GNED	0/ 1/ 0	,
	FINANCE CONTRACTOR		EXAMINER'S NA/	we John	S. Roger	s. M.	- D-		000000			ing, l		merv.	. Md.	
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2	23a. Bl		N, REMOVAL 23h			IAME OF CEME		CREMATO		23d LOCA			J	1.00	
07/B4	BP	(5	PEC#FY)	7	ine 10,19							rtown	11170	TUO I	Pennsy	il vani
25M		24. FU	Burial INERAL DIRECTOR		J. Coll		. IVACA	- Cus	12:			GISTRAR 25	b. REGISTRAI	R'S SIGNA	ATURE	-co area
	DHMH - 17 (VR A15 ME (5))		NAME	ity Blvd	ADDRESS		Suting	Md		IIIM 4	3 400	E 89		on-Ra		
		200	- AILLE CO	my bivu	1., W. 31	rver	Spreeny	, mich		LIVU	LUM	1 3 4 A	War Indian	mi - 1		

677 E 85 A. Fomela White acc. 1, 1804 Mantigonery County Ti Greetriego Prise Marghand Montgomery Univer Diving אכשונים והיספיבר בינו בלריחבם ertoriorelevable certiformeasure Circums. pand Analysis 6161 John S. Rogers, M.D. Silver Syring, Montgomery, Mc.

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

162053

1	1-	FOR STATE REGISTRAR			DEPAR		ICATE OF DEAT		8 5 REG. NO		1 5	3 4
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20. (JUNE 3. 1	AONTH DA	AY YEAR	2b HOUR
	3. SEX	×		ROBERT	ED!	WARD.	DE BIRTH BEAM	ISH 6 A	GE (IN YEARS LAST BIRTH		F UNDER I YEAR	1:15 PA
1		ALE		CAUCAS	SIAN		31, 1921		64		ONIMS DAYS	HOURS MIN.
9		CHIGAN	FOREIGN	U.S.A.	WHAT COUNTRY	Y? 8 MARRIE WIDOWE	D NEVER MARRI	IED 🗆	MONT GOM		OF DEATH	MD.
0	100	TY OR TOWN OF DEA FEATON	НТА		HATHAWA!		OR OTHER INSTITUTI	(TYP	USUAL OCCUPATION OF WORK FOR MOST OF RMY		INDUSTRY	GOVT.
8		AL RESIDENCE (IF NURS		TGOMERY	130. CITY OR TO		138 INSIDE CITY LI		STREET ADDRESS /	ZIP CODE HAWAY	DRIVE	20906
0	14. FA	JAMES		MIDDLE E	BEAMISH		15. MOTHER'S MAI	ILY	MIDDLE		RUGAWŜ	KI .
1	160 V	VAS DECEASED EVER		TAR OR DATES)	283-12-		ESTA E. E	BFAMISH	ADDRES	AS 1.	3	WIFE
-		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:										MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		ED BY: TE CAUSE (o)	Rason	ial	ory As	nest	and of the		un	redict
	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							N IN PART 110	2		
2	CERTIFICATION	190. DATE OF OPERATION 19b. CON			ITION FOR WHICH OPERATION WAS PERFORMED				ES NOTA		WERE FINDING CAUSES	
7		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJUR	IN ITEM 18 PAI	RT I OR PART 2)	
	MEDICAL	216 INJURY OCCUR	HILE 🗍	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	E, FARM ETC)	211. LOCATION		curfuerou	IN S	COUNTY	STATE
				ital) attended the		XC., a	that in (my) (aur)	apinion death	accurred an the da	te and haur		
		22b. SIGNATURE	114	Buite	/_		DEGREE 22. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D					
	1	234 PHYSICIAN'S N					22e ADDRESS	IE CTEDAI	AVENUE,	MACHTA	IGTON	D. C.
	230 B	BURIAL, CREMATION.		CK SMITH	1 230	NAME OF C	EMETERY OR CREM		3d LOCATION	WI COLLIN	101011,	
		BURTAL		6/6/8			TON NATION		ARLINGTO	N	VIRG	SINIA
4	24 FU		RANC	IS J. CO				250. DATE REC	D. BY REGISTRAR	Sh. REGISTR	AR'S SIGNATI	
				D. W. SI			20901	JUN	6 1985	1	1000100	

	1		STATE OF MARYLAND
	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 7 5 5
170045	1 DE	CEASED NAME FIRST	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b HOUR
m_c		OR PRINT)	D L
poge deot	2.55	Cather	
or. F	3. SE		4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MIN DAYS HOURS MIN
oge oge		FEMALE	WHITE GCT. 26, 1904 80 YRS.
oth. P		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
nin 7	1	DELAWARE	QL.S.A WIDOWED DNORCED DNORTE OMERY
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPÍTAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b, KIND OF BUSINESS C
1 1 2	10	FITHERBURE	Drady GROVE Cellentest top Housewife ountone
U. 1. 27	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13c STREET ADDRESS / ZIP CODE
	M	ARVLAND MO.	NT. CHENNCHASE YES & NO 1 3415 SHEPHERD ST.
within 42 shine	14. F	THER'S NAME FIRST	MIDDLE LAST FIRST MAIDEN NAME
completely s 1 and 2 short	1	WILLIAM	CONNOR MARY ANN O'CONNOR
n ond co		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 94/3 ODYSSEY C
B G G G		No -	- 216-64-6844 SON-RONALD L. BECKWITH BURYEUM.
a physicion on popers. Ferencol.		18 CAUSE OF DEATH Enter or	nly one couse per limitario), (b), and ic 1
E OFE >		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Respenditure Tailure
			DUE TO, OR AS-A CONSEQUENCE OF
e death ce ottendini nove carb notion, or r froumatic	1	Conditions, if ony, which	(16) Caneboo Voscular accident
the cemo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A COMBEQUENCE OF 4
that the d by the lease ren iol, crem		underlying couse lost	10 Quelral Ortenioraccular Visian
gne bur rry,	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
requestration or to	CERTIFICATION		
on. hos beer permit. ene prior	NA NA	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	- =		YES NO YES NO
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	The state of the s
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 19
T D SO O	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE
DING PI or offer the e os the olth ond morked	1	AT WORK NOT WHILE AT WORK	1 1 1 1 1 1 1 1
			oitol) ottestied the decaposed from 1995, to 1995, to 1995, that (1) (me) to 1995, that (2) (me) to 1995, that (1) (me) to 1995, the detaposed from 1995, the control of th
Spite Spite CTO d for a for			n19
OR ATTEN e hospitol DIRECTOR, sched for up Dept. of Hem 1 is		22b. SIGNATURE	DEGREE 22C. DATE SIGNED
TAL OR A y the hoi RAL DIRE detoched tote Dept. VI. If Hem		Kohent I a	Stibook an Gro Physician Director Physician 5-31-85
HOSPIT ined by FUNER buld be contained by the Stephen CORTAN		224 PHYSICIAN'S NAME (TYPE O	ORPRINI) 22e ADDIESS
		KOBERT T.	THIBADEAU ROCKVILLE, MD. 20852
○ 한		BURIAL, CREMATION, REMOVAL	
BP		BURIAL	JUNES, 1985 PARKLAWN CEM. ROCKVILLE, MONT. MO
DHMH - 16 50M 4/83	24 F	INERAL DIRECTOR	DEVOL FLANKER L HOME 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4)	6	obet A. Cita Vo	L 1s/ASHING GON D. C. UN 12 1995 Julia Savidor Blad on

V33 210071 THE DESCRIPTION OF SHAPE SHOW IN THE SHAPE STATE OF THE SHAPE STATE OF THE SHAPE SHA State of the State the transfer of the state of th LABOR TO THE STEER OF THE SECOND TO SECOND TO SECOND THE SECOND TH Burne Same Same Burney State State State State State ALLE LES DE SATOL MADE DE LA CONTRE DEL CONTRE DE LA CONTRE DEL CONTRE DE LA CONTRE DEL CONTRE DE LA CONTRE D

	REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO	0.		
	CEASED NAME FIRST BA	by Boy	BELL	341	20. DATE OF DEATH	6 7	VEAR 85	26. HOUR
3. SEX		4 RACE	S. DATE OF BIR	TH DAY YEAR 6 85	6. AGE (IN YEARS LAST BIR	THDAY) IF U	THS DAYS	HOURS MIN.
		76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED X			DEATH	MD
	Olney	Montgomery Gene	eral Hosp					BUSINESS OR
11	laryland Mor		Pring YES	NO 🗆	3340 H	1 1 /-	Ave	1701
	FIRST			m. FIRST	Francin		Be	11
			JRITY NO. 17 II	Medical R	ecorde Ol	ney 1.	nD	
ATION		(c)CONDITIONS CONTRIBUTING TO	ence of <u>Death</u> but not	RELATED TO THE TER				
CERTIFIC,	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			YES NO	IN CERTIFYIN	IG CAUSES (OF DEATH?
MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19 211	LOCATION			COUNTY	STATE
W	WHILE NOT WHILE AT WORK		FARM, ETC.)	SIRCE	CITY OR TO	WN	COOMIT	
M	22a I certify that (1) (this hospi sow the deceased alive on	tol) ottended the deceased from_	6 Sv.	t in (my) (our) opinion	, to , to , death occurred on the do	, 19_ ote and hour on	85.1	
M	22a certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	tal) ottended the deceased from_	O SU. ond the DEGR	t in (my) (our) opinion	to to the do	, 19_ ote and hour on	, the different the c	ouses stoted
23a. B	22a certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	tol) oftended the deceosed from 19 & 19 & 19 & 19 & 19 & 19 & 19 & 19	DEGR	t in (my) (our) opinion EE ATTENDING PHYSICIAN ADDRESS TIO RIGGE ERY OR CREMATORY	to to the do	Dote and hour on Bether	d from the c 220. DATES 6/7 da U	OUSES STOTED STATE
	70. BIII CON 10 CI	Olney USUAL RESIDENCE (IF NURSING HONE OR 130 STATE 14 FATHER'S NAME FIRST 150 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) 18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIATE COUSE (10), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OF PART 1.0 DATE OF OPERATION 190 DATE OF OPERATION	TO. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MATURED TO CITY OR TOWN OF DEATH Olney USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13th COUNTY IS STATE 18th WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH IEnter only one couse per line for (a), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (b), stofing the underlying couse lost. DUE TO, OR AS A CONSEQUE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 19th CONDITION FOR WHICH 19th DATE OF OPERATION 19th DATE OF OPERATION 19th CONDITION FOR WHICH 19th CONDITION FOR WHICH 19th DATE OF INJURY HOUR AM MONTH D. 11th TIME OF INJURY HOUR AM MONTH D. 12th TIME OF INJURY	TO. BIRTHPLACE (STATE OR FOREION TO. CITIZEN OF WHAT COUNTRY? B. MARRIED WIDOWED TO. COUNTRY) MARY JAM. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 STATE 13 COUNTY 14 FATHER'S NAME FIRST MIDDLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 16 CAUSE OF DEATH IEnter only one couse per line for 10 J. (b., and 10.) 17 II 18 CAUSE OF DEATH IEnter only one couse per line for 10 J. (b., and 10.) 19 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o.), stoting the underlying couse lost. 19 DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS A CONSEQUENCE OF 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS A CONDITION FOR WHICH OPERATION WAS A CONDITION FOR WHICH OPERATION WAS A COURSE OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS A CONDITION FOR WHICH OPERATION WAS A COURSE OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19 DATE OF OPERATION 19 DATE OF OPERATION 21 D. TIME OF INJURY 40 DEATH AND MONTH DAY YEAR AND MONTH DAY	TO. BIRTHPLACE (STATE OR FOREIGN TO, CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCE	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. CITY OR TOWN OF DEATH 13. CITY OR TOWN OF DEATH 14. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 15. CITY OR TOWN OF DEATH 16. CITY OR TOWN OF DEATH 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OR THERE ADDRESS. 19. STATE 19. WONTROWN 19. STATE 19. COUNTY 19. STATE 19. COUNTY 19. STATE 19. COUNTY 19. STATE 19. WAS DECEASED EVER IN U. S. ARMED FORCES? 19. WAS DECEASED OF TOWN OF THE U. T.	To BIRTHPLACE STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK F	To BIRTHPLACE STATE OR FOREON TO CUITZEN OF WHAT COUNTRY? STATE TO THE STATE OR FOREON TO CUITZEN OF WHAT COUNTRY? STATE OR FOREON TO CUITZEN OF WHAT COUNTRY? STATE OR FOREON TO CUITZEN OF WHAT COUNTRY? STATE OR FOREON TO MORE OR WHAT COUNTRY? STATE OR FOREON TO MORE OR WHAT COUNTRY? STATE OR FOREON TO MORE OR WHAT COUNTRY TO MORE FOR WHAT

terestandan (
	Intigach Inton	Yorkgolasy Ge		e atu
TOTAL .				
			1 1 1 1 34	

MIDDLE

M.

James

FOR - STATE

175,051

REGISTRAR

DECEASED NAME

Electronic 5610 Olde Oak Dr. 21771 Kurilec Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED NO CERTIFYING CAUSES OF DEATH? COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN Burial June 18, 1985 Pine Grove Carroll 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

CERTIFICATE OF DEATH

BENTLEY

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER TYEAR

7:45A IF UNDER 24 HRS

20. DATE OF DEATH

The state of the s

graf, fins of the second of th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

REGISTRAR

DECEASED NAME

- STATE

LIVE OF PRINTS

FEMALE

3 SEX

CERTIFICATION

MEDICAL

80

ö

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2a DATE OF DEATH MONTH 2b. HOUR JUNE 14 1985 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH DAY FEBRUARY 9 1922 63

TYPE OF WORK FOR MOST OF WORKING LIFE

12202 LIME KILN ROAD

HOUSEWIFE

INDUSTRY

LAST

20759

CAUCASIAN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH

To BIRTHPLACE ISTATE OF FOREIGN MARRIED X NEVER MARRIED PENNSYLVANIA UNITED STATES MONTGOMERY WIDOWED DIVORCED 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH BETHESDA NAVAL HOSPITAL

MIDDLE

LEONA CECELIA BIORDI

OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE (IF NURSI 13a. STATE

4. RACE

CUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND HOWARD FULTON NO X

15 MOTHER'S MAIDEN NAME I. FATHER'S NAME NICHOLAS ANDRUS EMMA D'ANDREA

WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES)

RUDOLPH V.BIORDI, 12202 LIME KILN ROAD, 191-12-3212

18	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE to RESPIRATORY FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ((b) BRONCHOGENIC CANCER	
0	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT

21b. TIME OF INJURY 21c HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CIE FITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY

COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE MAY

10.85 24 85 220.1 certify that (this haspital) attended the deceased from. JUNE 14 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED ATTENDING MEDICAL

PHYSICIAN []

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, W. A. DELACEY, LT, MC, USAR NATIONAL CAPITAL REGION, BETHESDA MD 20814

Uniformed Services University 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Bethesda, Maryland 18 June 85 of the Health Sciences Removal

24 FUNERAL DIRECTOR

Capitol Funeral Service, Falls Church, VA

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE lie Devidson-Many

DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

DIRECTOR

\$117 E.C. 6. the least of the light of the last of the

Robert A. Pumphrey Funeral Homes

250. DATE REC'D

La Davidson-Rando 00

24. FUNERAL DIRECTOR

Rockville, MD

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	1	5	4	1
				-6

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		19	
	1. DECEASED NAME	FIRST	1	MIDDLE	ı	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26. HOUR	
Н	A CAPAINT	DAWN	MA	ARIE	BOUTWELL		MA	29,	1985	12:15 PM	
١	3, SEX	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	FEMALE		WHITE	Ξ	SEPT 20, 1974		10 YRS.			MIN.	
1	To BIRTHPLACE (STATE C	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY OF	COUNT	Y OF DEATH		
	GREAT LAKE		USA		MARRIED NEVER MARRIED X		MONTGOMERY COUNTY MD				
1	10. CITY OR TOWN OF D	EATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12g USUAL OCCUPATION			F BUSINESS OR	
E	BETHESDA			CLINICAL		R, NIH	STUDENT	WORKIINO	NON	Ε	
1	USUAL RESIDENCE (IF NO. 130. STATE ILLINOIS	JRSING NOME OR O		GIVE RESIDENCE BEFORE	N	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 3166-A AR			60088	
P	II. FATHER'S NAME		DDIE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	,	
2	George	Α.		outwell		Linda	MIDDLE		Lasco		
2	(YES, NO OR UNKNOWN)		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS			
	No	(# 163,000	WAR OR DATES	334-62-	8818	GEORGE A. BOI	UTWELL (FATE	HER)	SAME A	S ABOVE	
	18 CAUSE OF DEA	ATH (Enter only WAS CAUSED IMMEDIATE	one couse per BY. CAUSE (o)	line for (o), (b), one	AILUF	RE 2 ^O TO TUMO	R IN AORTA		BETWEEN O	DAYS	
	Canditions, if a	ny, which		R AS A CONSEQUE METASTA	NCE OF				МС	ONTHS	
	couse (a), sta underlying cou	ting the	DUE TO, O	r as a conseque	NCE OF						
		GNIFICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	inal disease or cont	DITION G	IVEN IN PART 1	0	
	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN		
	FILE						YES NO		res 🔀	NO 🗌	
/	218. ACCIDENT WAS LED OR CONTRIBUTING THE	CAUSE OF DEATI		FINJURY M. MONTH DA M.	Y YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IN ITEM 18	PART I OR PART 2)		

21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM ETC.)

211 LOCATION

CITY OR TOWN COUNTY

(our) opinion death occurred on the date and hour and from the couses stated

STATE

Removal
24 FUNERAL DIRECTOR

21d INJURY OCCURRED

6/1/85

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NATIONAL INSTITUTES OF HEALTH

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE

CLINICAL CENTER, BETHESDA, MARYLAND 20205 231. NAME OF CEMETERY OR CREMATORY

DEGREE

Antioch,

Illinois

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

Marshall Funeral Home

NOT WHILE 22a I certify that X (this hospital) attended

4217 9th St., N.W. Washington, DC 20011

Strang Funeral Home REGISTRAR 256. REGISTRAR'S SIGNATURE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		neo io ittrati				REG. NO.		
		CEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
	{ I TPE	JOHNA L	ENMN	BOYD		6-6-85		6580 M
	3. SE>	4.	RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHD		
		MAle	Black	MAT. 18	1923	62	YRS.	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEV	ED MADDIED X	BALTIMORE CITY OR	OUNTY OF DEATH	
1		S.C.	U.S.H.	WIDOWED	DIVORCED	Montgon	MERY	MD
V.	10. CI	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST		INSTITUTION	12a. USUAL OCCUPATION		OF BUSINESS OR
9	K	OCKVILLE	SHADY GROUE	and the same of th	HATIGZOH	LABOVER	Kons	- de -
1		AL RESIDENCE (IF NURSING HOME OR OT				13e.STREET_ADDRESS / Z	P CODE	20877
2		1119. 11101	179. Gaith	ersbuig YES [NO 🗆	17763 NAM	hmont 1	Ter,
1	14. FA	THER'S NAME	NIE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J 15. MOTH	ER'S MAIDEN NAM	MIDDLE		
2		IZZI	E WRIGI	47	FIRST IG	A MIDDLE		AST
		VAS DECEASED EVER IN U.S. ARME		ECURITY NO. 17. INFO	RMANT .	ADDRESS	1	# ,
	- "	(IF YES, GIVE W	250-24	1-7895 Nac	tine Seu	vell (friend	1 SAME	AS 1/3
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E		, ond	- ame	A	APPRO. BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
		IMMEDIATE	CAUSE (a)	e growing	CITY	99		
			DUE TO, OR AS A CONSE	OUENCEOF	CHANC ON	al Vina		
		Conditions, if ony, which gove rise to immediate	(p) 15.0	winer (Just 61	Deriver De		
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF		0		
		onderlying coose lost.	(c)					
	2	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10
	CERTIFICATION							
7	CA	19a. DATE OF OPERATION	1% CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED		DE IF YES, WERE FIND OF CERTIFYING CAUSE:	
	E		Lawrence Co.			YES NO NO	YES 🗌	№ □
3		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH		W INJURY OCCURRE	ED CENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	ğ	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211_LOC	ATION	CITY OR TOWN	COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)		a I		91016
		22a.i certify that (I) (this hospital) ottended the deceased fro	om_6/4	19.81	10 6 6	19_81_	, that (I) (we) lost
		sow the deceased alive on			(my) (our) opinion d	eath occurred on the date	and hour and from the	

TO FUNERAL DIRECTOR should be detached for with the State Dept. of BP

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR (VRA 15, 4)

MPORTANT: If Item 21 is

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 6-13-85 Burial

George R. Snowden

23c NAME OF CEMETERY OR CREMATORY Lincoln Park Cemetery

22e ADDRESS

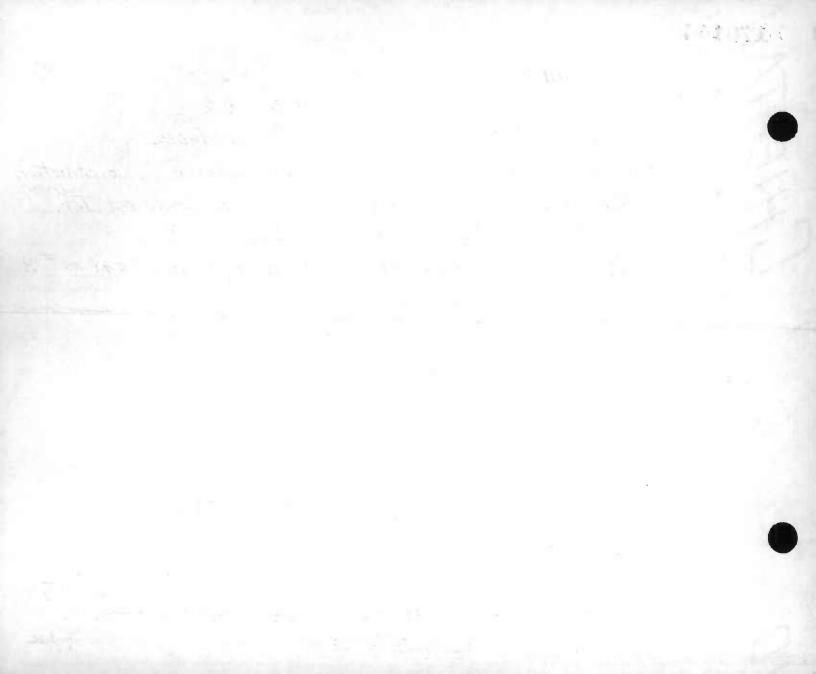
DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Rockville, Montg. Md.

246 New Washington St. Rockville, MD 20850

22t. DATE SIGNED



176028	V.	FOR			DEPA		E OF MARYLAI		NEO E		1 7	10	4 2
A LOOMO	1	STATE REGISTRAR				CERTII	ICATE OF D	EATH	0 -	REG. NO		4	
1		CEASED NAME	FIRST		MIDDLE		LAST	1	20. DATE OF I		MONTH OAT	YEAR	26. HOUR
oge 3 deoth	(TYPE	OR PRINT)	MARGA	RET	PAUL	INE	BRADBU	RN	TUN	E 1/	1005		1:40 PM
You go	3. SEX	(I. RACE		5. DATE	OF BIRTH	6	AGE (IN YE	ARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
s of s	F	EMALE		CAUCAS	TAN	TAN		YEAR		an	YRS.	VIIIS DATS	HOURS MIN.
B 80 6	7a. BI	RTHPLACE (STATE OR	FOREIGN 7		WHAT COUNT	RY? 8	D NEVER M	9	BALTIMOR	É ČITY O	COUNTYO	FDEATH	EULE
2 2		RYLAND		U.S.A		WIDOW		ORCED	MON	TGOME	RV		MD.
7 1 1 2	10 CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NU		OR OTHER INSTI		TYPE OF WORK	CCUPATION	ON .	12b. KIND C INDUSTRY	F BUSINESS OF
E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SI	LVER SPRIM	VG	171	O MITCH		D			RVISC			CH ARMY
1 26	USU/ 13a. S	AL RESIDENCE (IF NURS	136 COUNT	OTHER INSTITUTION	13c. CITY OR 1		1 13d. INSIDE CIT	TY LIMITS?	3e.STREET AI	DDRESS /	ZIP CODE		, , , , , , , , , , , , , , , , , , ,
AND n 24		RYLAND	MONTG	OMERY	SILVER	SPRING	7	NO 🗌		MITCH	ELL RO	AD	20903
RYL within within	14. FA	THER'S NAME FIRST	M	AIDDLE	LAST			MAIDEN NAME	E	WIDDIE		tas	37
Det dwo		MILTON		Р.	THOM			TILIE		ADDRE		DUTRO	V
execution of conditions		VAS DECEASED EVER VES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	2-00	SECURITY NO.	17 INFORMAN	DAUGI			224 D		ON DRIVE
TIM be of rs. Po	NO					2-0332	MARC	GARET ST	IBSON_		IEWPORT		VA 2360
BAI icote bope ovol.		18. CAUSE OF DEAT PART 1. DEATH W	H (Enter only AS CAUSED	y one couse pe BY:			ae	REST				BETWEEN	MATE INTERVAL ONSET AND DEATH
ng p bong p rem		The second	IMMEDIATE	CAUSE (o)_	NO-11K	ATORY	/IN	1103					
deoth deoth of ottending over contion, or ottending over contion, or ottending out of the ottending of the o		Cardistan II	1.1	DUE TO, C	OR AS A CONSE	NERAL	ATI	HZROS	CLER	2120			
PRES	130	Conditions, if ony gave rise to imi	mediote) (p)-			, / ()	1 0 / 0 0	050,0				
W. by the by the see reconstruction of the cother		couse (a), status underlying cause		DUE TO, C	or as a conse	EQUENCE OF							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 wher this certificate has been signed by the ottending physician and completely filled to she buriol-tronsit permit. Then please remove corbonopopers. Pages 1 and 2 should the and Mental Hygiene prior to buriol, cremation, or removal.		PART 2. OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING	TO DEATH BU	NOT RELATED	TO THE TERMIN	AL DISEASE	OR CONE	DITION GIVEN	IN PART 1	01
RDS, n sign Ther	NO O				XIII V								
ew cony	CERTIFICAT	190 DATE OF OPERA	TION	196. CONE	DITION FOR WH	HICH OPERATIO	N WAS PERFOR	RMED	20a AUTOR	SY?	20b. IF YES, V	WERE FINDIN	NGS USED OF DEATH?
ALR hos	E							urbo'll	YES 🗌	MOM	YES	_	NO 🗌
VIT. hysic hysic Hyg		210. ACCIDENT WAS UN		110110 4	OF INJURY	DAY YEAR	21c. HOW INJ	URY OCCURRE	D (ENTERNATI	URE OF INJUR	Y IN ITEM TO PAR	ORPART 2)	
SICI/ ng p certing entolente	N S	(IF EITHER, NOTIFY MEDI	ICAL EXAMINER)	F	P.M.	19							
SION PHY ending this but his but how don't don't have but how	MEDICAL	21d INJURY OCCUR			OF INJURY	FICE, FARM, ETC.)	211. LOCATIO STREET	N		CITY OR TO	WN	COUNTY	STATE
DIVI NG of the control of the contro		AT WORK AT WO	ORK -			67		7.0		110:	,		
Heo DR S		22a certify that (1) sow the deceos			NE 12	0.4-	nd that in (my) (, 19 82	to	Now			that (I) (we) lost
ATT OSPIT OSPIT OSPIT OSPIT OSPIT OF OT OF OT OF OT OF OT OF OT		obove, (I) (we) (did) (did not			, ,	DEGREE	oor) opinion de	- Com occorred	on the de	ne dila fioo. c	22c, DATE	
the hard		228. SIGNATORE	1	Mell	11		A	TTENDING	MEDICAL	STAF	F	11/17	185
PITAL by the ERAL	1	22d. PHYSICIAN'S N	AME VITE ON	PRINT	-		22e. ADDRESS	HYSICIAN K	DIRECTOR] PHYSIC	IAN	10/16	100
O HOSPITA etained by TO FUNER should be d with the Sto		MARK	17				1721	UNIV.BL	VD. W.	. WHE	ATON MA	ARYLAN	D
Of of MAN	23a. F	BURIAL, CREMATION,		23b. DATE	T	23c. NAME OF	EMETERY OR C		23d. LOCAT	ION			
BP		BURIAL		7	0/85		LIVET CE		CITY C	REDER		YIMUOD	MARYLAM
DHMH - 16 50M 4/83	24 FU	UNERAL DIRECTOR DO UNIV. BL									25b. REGISTRA	R'S SIGNAT	
(VRA 15, 4)	50	o univ. Bl	VD., W.	, SILVE	R SPRIM	G, MD. 2	0901	11	JN 20	1983	1 1		1000

BP. (VRA 15, 4)

DHMH - 16 50M 4/83

1		FOR			DEDAD		E OF MARYLAND	SHIRE (1)	1 7 5	4 3	
	1 -	STATE REGISTRAR			DEFAR		ICATE OF DEATH	REG. NO	1 / 2		
		EASED NAME ORPRINTI	FIRST Ri	chard "	D.	Ro	AST Brady	20. DATE OF DEATH	MONTH DAY YEAR	70.11000	M
	3. SEX	Male	4.	RACE	White	5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DA		
1		RTHPLACE (STATE OR FO OUNTRY)		U.S.A	VHAT COUNTRY	Y? 8.	D X NEVER MARRIED	9. BALTIMORE CITY O		intil m	\D
0	10. CI	or town of DEAT Bethesda		I. NAME OF H		SING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION		of BUSINESS O Weterans Admin.	R
4	130 S	d. 20852	35 COUNT		GIVE RESIDENCE BEFO 13t CITY OR TO ROCKVI	NWO	134 INSIDE CITY LIMITS?		ZIP CODE hing Post	Ln. 2085;	2
1	I	THER'S NAME FIRST Percy		DDIE C •	Brad	ly	15. MOTHER'S MAIDEN NA	ne	Ba rı	r y	
		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) Yes		WAR OR DATES)	230-10	1	Janet H. Br	ady Same A	s Item # 13		
		18. CAUSE OF DEATH PART I. DEATH WA	(Enter only S CAUSED MMEDIATE	BY:	FO	ratery	Failure		APPI BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH	
		Conditions, if ony, gove rise to imme couse (a), stoting			-						
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									=
Ź	CERTIFICATION	19a DATE OF OPERATE	ON	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FININ CERTIFYING CAUS		
7	ICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PART FOR PART	2)	
	MEDI	21d INJURY OCCURRE	E 🗇	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE	
		220 I certify that (I) (sow the deceased above, (I) (we) (di		18. 0 6:		85.8	nd that in (my) (our) opinion	death occurring on the ide			st
		226. SIGNATURE	WAter	ton rul			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		el6/85	
		MICHAEL	J.	STANTO	N, m.Z		1 4	onsin Ave,	BETH MD	20814	
	(URIAL, CREMATION, R SPECIFY) Burial	EMOVAL	23b. DATE 6/8/8!			EMETERY OR CREMATORY Heaven Cem.	23d LOCATION CITY OF TOWN Silver	Spring Mon	t. Md.	
		NERAL DIRECTOR	was.	Sons	5/30 V	Viso A	750. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	NATURE DIPLOTE	

office and a first social control of the first social state in the fir

. .

The mest at each three . There's the last it is not

HEROE DE HET TO SHE WAS A THE TOTAL OF THE STATE OF THE SHE

Alle profession and the second

Carried Service and the Control of t

		STATE OF MARYLAND	
	FOR	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8 5 7 5 4 4
171060	REGISTRAR ACHIO	CERTIFICATE OF DEATH	REG. NO.
111000	1. DECEASED NAME FIRST MIDD	E LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
y " +	Nettie. 3. B	casisos	June 6 1985 (430m
6 00	1,001.0	Canis ON	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS
/ = 10	3. SEX	MONTH DAY YEAR	MONTHS DAYS HOURS MIN.
T & 21	remale DIA	CK 5 21 29	S & YRS.
2 22 8	70. BIRTHPLACE ISTATE OF TOP 76 CITIZEN OF WH.	AT COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
	Many bind	WIDOWED DIVORCED P	MONTERMORY MD
1 24 2/		PITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
- 5 50 50	PAUVIIIO ENTINSUCHEA	CILITY, GIVE STREET ADDRESS)	(TYPE OF WORKEOR MOST OF WORKING LIFE) INDUSTRY
2	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIV. 130, STATE 136 COUNTY 136	RESIDENCE BEFORE ADMISSION)	20870
6 (2 82)	130. STATE 136 COUNTY 136	CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS ZIP CODE
Z C Maj	Man Merel	YES NO	18 les your ug on les 12.
量 1 1 1 1	14 FATHER'S NAME MIDDLE	15. MOTHER'S MAIDEN NA	AME STAST
¥ 7 6 8	Nathan F. JA	CKSON IIIAM	tha D. RODINSON,
# 10 pa 7	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b	SOCIAL SECURITY NO. 17. INFORMANT	16 ADDRESS 176 30 LAYTONSWE
Mo of	(Its. My)	218 249788 111ARY IVE	al SISTEA GAIThersburg Md.
ALT icom oe: oe: the	18. CAUSE OF DEATH (Enter only one couse per lige	for (m/Sb) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fico phys pop poor ent,	PART I. DEATH WAS CAUSED BY:	ello recuent repa	to english Than
VST centing proportion	IMMEDIATE CAUSE (o)	1	A. H.
oth oth mot		A CONSEQUENCE OF CLARACIC A	hills 1
RES de	Conditions, if ony, which gove rise to immediate	haluture's controlls a	
N. P		A CONSEQUENCE OF	
thot thot d by leose iol, c	(c)		
S, 2, 2 gine gine burn plury.		RIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 110
RD sin sin injury	o monder helli/lls		
be ony	Ma DATE OF OPERATION 196. CONDITIO	N FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
he le	<u> </u>		YES NO YES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death cr r aftending physician. After this certificate has been signed by the attendin as the burial-transit permit. Then please remove corb th and Mental Hygiene prior to burial, cremation, or orked or fem 18 shows any injury, or other troumatic	TO DATE OF OPERATION 19b. CONDITION 21b. TIME OF IN		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SICIAI ng ph certifi riol-tr lentol i	OR CONTRIBUTION CALLES OF OF ATTILL HOUR A.M.	MONTH DAY YEAR	
ON OF HYSICIA dung ph ins certif buriol-1 Mental	OR CONTRIBUTING CASE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AND STREET. (AT HOME. STREET.		
ISM The the ond ond ond	THE MOTOR WINE	FACTORY, OEEICE, EARM, ETC) STREET	CITY OR TOWN COUNTY STATE
DIN ON	AT WORK	6/4/85	6/6
DO OF TUSS	22a I certify that (I) (this hospital) attended the dissays the deceased alive on		, to, that (I) (we) lost a death occurred on the date and haur and from the causes stated
R ATTI hospit hed for hed for tem 21	obove, (1) (we), (did) (did not) view the body after	r death.	
0 0 0 0 0	22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF
PAL SAL dette offer offe	journ 10	PHYSICIAN	DIRECTOR PHYSICIAN DECLAR
HOSPIT HOSPIT FUNER by wind be out to be seen to be the Step of th	224 PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	20833
T = 2 T Z	Gusta C.	65 4 ww 175218ld	-DAWO 18/10, XXICION, MO
of of shape of shape of the sha	23a. BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION
BP	Burial 6-12-		. Clarksburg, Montg. Md.
	24 FUNERAL DIRECTOR 24	N. Washington St. 250 PM	
DHMH - 16 50M 4/83	NAME		UF REC'D BY REGISSON REPORTED SECURIOR PRINCES
(VRA 15, 4)	George R. Snowden Ro	ckville, MD 20850	

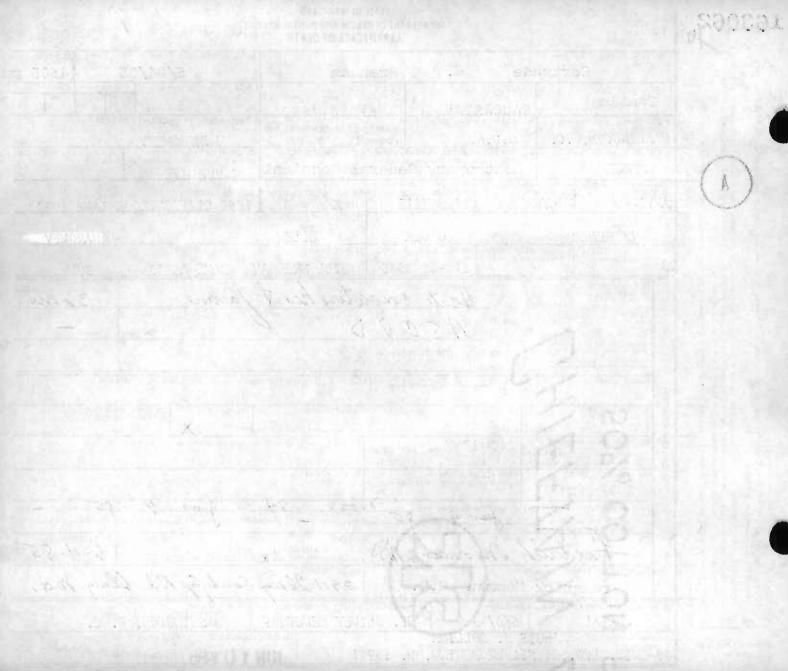
11 11 11 1 Aldrew Mary Comment of the Comment o [발표·경기 - " : - "

DIVISION OF VITAL RECORDS,

. . .

9016	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
be the		CEASED NAME OR PRINT)	MIDDLE DEATH MOR	11 05 1250				
ge 4 may	3. SE	Female	4. RAGE S. DATE OF BIRTH MONTH DAY YEAR 5. 15 22 63	MONTHS DAYS HOURS MIN.				
deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	WIDOWED DIVORCED	2ty M				
by the tribe to	10. C	OWN OF DEATH	11: NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GRIPS STREET HORDESSEL) Wash. Hovenish Hosp. "The OF WORK FOR MOST OF WE "The Off WORK FOR WE "THE OFF WORK F					
ly filled in should be should be	130.	nd 136 COU	nigomery Bernantown YEST NO 17455 Kit	Fle ford Rd 20				
ond 2		THER'S NAME FIRST EAK	MADDLE Plummer 15. MOTHER'S MAIDEN NAME FIRST MARY MOTHER'S MAIDEN NAME	75 LAST				
on and co		VAS DECEASED EVER IN U.S. A YES, NO GRYNKNOWN) (IF YES, G	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (WWAR OR DATES) 215-34-3736 JAMES BRAXTON (SON) 6	19739 Crystal h				
the death certificate by the attending physicia remove corbonoppers, smatian, or removal.	Γ	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), and (c). 1 DBY: TE CAUSE (a). TE CAUSE (a).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if ony, which	DUE TO, OR AS ACONSEQUENCE OF Cancel	2 mo				
ed by the college remains or other tra		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF					
FENDING PHYSICIAN: The law require: tall or attending physician. OR: After this certificate has been signs in use as the burial-transit permit. Then pit flealth and Mental Hygiene pricetal but is marked or item 18 show(any injury.	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	conditions contributing to death but not related to the terminal disease or condition bone metastases	ON GIVEN IN PART 110				
		190 DATE OF OPERATION	Lung CA - left freumsectory yes NOW	Ob. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)				
		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.M. MONTH DAY YEAR	ITEM 18 PART I OR PART 2)				
		2 Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE				
		yow the decease value of	ital) attended the decrosed from 4. 19 35, to both to the body of the death. 19 35 ond that in (hy) (our) opinion death occurred on the date of the body of the death.	ond hour and from the couses stated				
AL OR ATTE the hospito al DIRECTO etached for ite Dept. of h		12th Accordance	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c DATE SIGNED				
TO HOSPITAL OR ATT retained by the hospital TO FUNERAL DISH should be deteched fer with the State Dept. or IMPORTANT: If Hem 2	1	POTER SE	er mo 3947 Ferrara Dr.	wheaton md.				
BP		BURIAL CREMATION, REMOVA Burial	6-11-85 Arlington Nat'l Cem. Arling	gton, VA				
DHMH - 16 50M 4/83 (VRA 15, 4)		JNERAL DIRECTOR	246 N. Washington St. John Bockyi 116 Md 20850	REGISTRAR'S SIGNATURE				

163062	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 9	175	4 7
		CEASED NAME FIRST	WIDDLE		AST	REG. NO. 20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR
ay be age 3 death	(TYP)	Gertru Gertru	ide C.	Bre	nnan	6/04	4/85	4:05 pm
fred ferd	3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
age dage durs a urs a		Female	CAUCASTAN	MA	V 26, 1900		YRS.	
heral d		RTHPLACE (STATE OR FOREIGN COUNTRY) SHINGTON, D. C.	76. CITIZEN OF WHAT COU	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO		MD
of the d	10. C	OLNEY	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Montgomer	OURSING HOME (E STREET ADDRESS) Y Gener		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE	12b. KIND O	PF BUSINESS OR
AND 212	130. : MAR	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN WONTG	NTY 13c. CITY O	RTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1002 CL1FTON	BROOK LANE	20904
ompletely I and 2 si		LAWRENCE	0	DEA	IS. MOTHER'S MAIDEN NAI FIRST ELLEN	WIDDLE	MONRO	DNEY
TIMORE be execu an and c s. Pages e medical		VAS DECEASED EVER IN U.S. ARI YES, NO OR LINKNOWN) (IF YES, GIV	E WAR OR DATES)	82-3543	17. INFORMANT BILL BRENNA	N SAME AS 1		M IMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the ding physician and completely find in the certificate has been signed by the attending physician and completely find in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should than and Mental Hygiene prior to burial, cremation, ar removal. Only the medical examiner in the prior to burial, and the medical examiner in a carbon page.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	(b) Y S DUE TO, OR AS A CON		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	IN GIVEN IN PART 10	0
AL RECOR	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES YES	OF DEATH?
SKCIAN: TI ng physicia certificate vrial-transit		2]a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2)	
NG PHYSON Of PHYSON Of PHYSON OF THE PHYSON	MEDICAL	21d INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	21f, LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIN aspital ar ECTOR: Af deruse of of. of Healt		22a. I certify that (I) (this haspin saw the deceased alive an above, (I) (the) (did) (did no	100.00	19.85,01	nd that in (my) (ever) opinion of	death accurred on the date on		
HOSPITAL OR ned by the FEUNERAL DIR I I I I I I I I I I I I I I I I I I		Frederice 22d, PHYSICIAN'S NAME (TYPE O	h mone	a, MA	ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	1 1-1	4-85
TO HOSPITAL retained by this TO FUNERALL should be detained with the State I MMPORTANT. If		Frederick	Moomau M.		2901 Olmey	Sandy Sp. Ro	1. Olney.	md,
ВР		BURIAL, CREMATION, REMOVAL	6/8/85	MT. OL	EMETERY OR CREMATORY IVET CEMETERY	23d. LOCATION CITY OR TOWN WASHINGTO		STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		UNIV.BLVD., W.,				REC'D. BY REGISTRAR 25b. RI	e Dandson-R	JRE nde



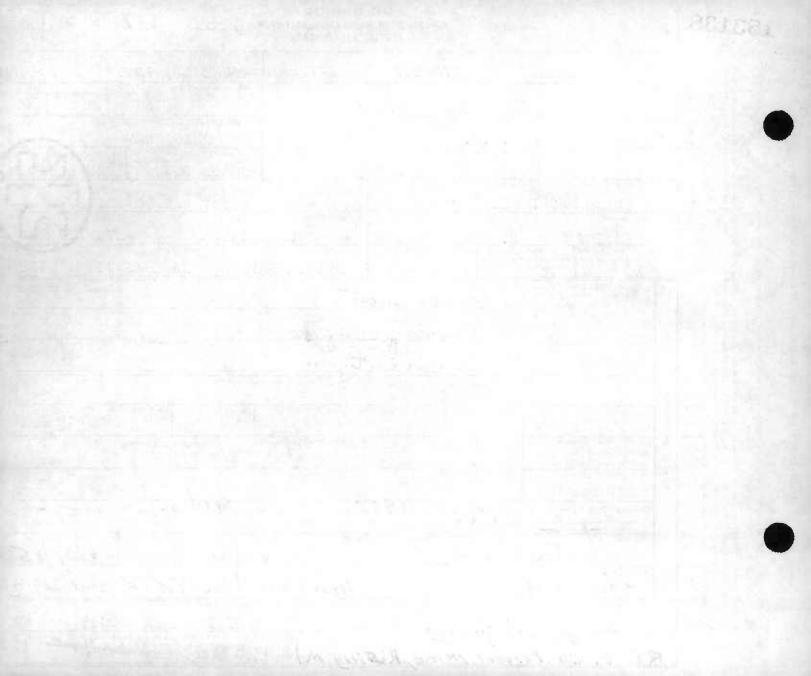
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 176007 1. DECEASED NAME 20. DATE KNOWN 2h HOUR TYPE OR PRINTI OF ESTI-DEATH MATED FOR YOUR FILES. WITHIN Z2 HOURS Herman 6/13 1985 Brody 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED Male White 25, 1912 72 DEAD O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED Russia USA. Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Silver Spring 10103 McKenney Avenue. Salesman REal Estat 13e STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS **BALTIMORE, MD. 2120** Montgomery Maryland Silver Spring 10103 McKenney Avenue, #103 YES [NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Samuel Brody Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 56 Lawrence 578 38 0174 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF PAGE 4 SHOUID BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL FOR LUNRAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL, IRANSIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HY BALL(MORE, MARYLAND, 2120) PRICAR TO BURIAL, CREMATION OF HEMO Canditians, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY 220. I certify that I taak charge at the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy 6/13/85 SIGNAT 1919 Seminary Road XAMINER & MAME John S. Rogers. Silver Spring, Montgomery, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial June 16 1985 King David Cemetery Falls Church, Virginia 07/84 25M 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATUR **DHMH - 17** Ives-Pearson Funeral Homes, Falls Church, Va. (VR A15 ME (5))

State of the state Female Unite 3 29 98 18 77 Previous 1: F x Your sulley PROVERED WEST CONTRACTOR SOLE LANGUED AS SOL May That and Swing a 2018 East Vest Mail William Engly Cheese CHELISH FURNISH AND AND HAR TEXTER CERCITAR DICER 22 FALL Director Partitud -18 - 17/7 - 12 - 1/1/4" - 1/2" I will a series to the series of the series I shirt am I Miller HO HIMM - OCCAN Inch is a Down Fifther was side in the large Excellence of the State of Language And the state of t

1. DECEASED NAME FIRST MIDDLE LAST LAST BIRTHDAY FEAR (1980 PROPERTY) 3. SEX LARCE S. DATE OF BIRTH YEAR DOUBLE LAST LAST BIRTHDAY LAW YEAR 18 HOUR WONTHS DAYS HOURS MIN. 76. BIRTHPLACE (STATE OF FOREIGN TO COUNTRY) RASHED TO COUNTRY) WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED LAW WIDOWED DIVORCED DIVORCED LAW WIDOWED DIVORCED DIVORCED DIVORCED LAW WIDOWED DIVORCED DIVORCED LAW WONTH DISCOUNTRY COUNTRY MD. USUAL RESIDENCE (I NURSING HOME OF OTHER INSTITUTION DIPORTING WORKING (HE) INDUSTRY CULTURENS RANK OF MATULAY WARYLAND DIVORCED LAW WORKING (HE) INDUSTRY CULTURENS RANK OF MATULAY WARYLAND DIVORCED LAW WORKING (HE) INDUSTRY CULTURENS RANK OF MATULAY WARYLAND DIVORCED LAW WORKING (HE) INDUSTRY CULTURENS RANK OF MATULAY WARYLAND DIVORCED LAST OF WORKING (HE) INDUSTRY CULTURENS RANK OF MATULAY WARYLAND DIVORCED LAST DIVOR		STATE OF MARYLAND
1. DECENDAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TITVE ON PRINCIPLE BROWNING, Jr. JUNE 30 1985 240 AM 1	489017	STATE DE ANIMENT OF MEASURE MODELLE
S. DATE OF BIRTH S. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 23 AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IN AGE (INYEARS LAST BIRTHDAY) IF UND	103071	CERTIFICATE OF DEATH
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY VEAR OCT. 24 MER 6. AGE (INVEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS MINL. PARTICLE (STATE OR FOREIGN COUNTRY) NOTIFY OR TOWN OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF HOSPITAL, STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY MARYLAND 131. DAY 14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S NAME FIRST MIDDLE 16. AGE (INVEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS MONTHS MONTHS DAY MONTHS 128. USUAL OCCUPATION 174PLOF WORKING (IFF) INDUSTRY CULTZENS BANK OF MARYLAY 139. STREET ADDRESS / ZIR CODE 130. STATE 130. COUNTY 131. STREET ADDRESS / ZIR CODE 131. STREET ADDRESS / ZIR CODE 132. STREET ADDRESS / ZIR CODE 134. FATHER'S NAME FIRST MIDDLE 14. FATHER'S NAME FIRST MIDDLE 15. MOTHER'S NAME FIRST MIDDLE 16. AGE (INVERS LAST BIRTHDAY) IF UNDER LYEAR IN UNDER LYEAR IF UNDER LYEAR IN UNDER LYEAR IF UNDER LYEAR IF UND		A
3. SEX 4. RACE Caucasian 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)? Virginia 10. CITY OR TOWN OF DEATH SILVEL SPRING WISHING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 13a. STATE WISHING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 13b. STATE MARYLAND 15 MOTHER'S NAME PROT INSTITUTION OF RESIDENCE BEFORE ADMISSION) 13d. CITY OR TOWN MODULE MARYLAND 13d. INSIDE CITY LIMITS? YES NO 15 MODULE MODULE MIDDLE MIDLE MIDLE MIDLE MIDLLE MIDLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLE MIDLLE MIDLE MIDLLE	A TEAM	The state of the s
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BARRIED NEVER MARRIED NEVER MA	+1 20	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 22 IRS
Virginia USA WIDOWED DMORCED DMORCED 10 CITY OR TOWN OF DEATH SILVER SPRING WIDOWED DMORCED DMORCED MONTGOMEN 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WIDDLET SPRING WIDDLE WIDDLE SPRING WIDDLE USA WIDDLE WARRIED X NEVER MARRIED MONTGOMEN MODIE WARRIED X NEVER MARRIED WARRIED X NEVER MARRIED MODIE WARRIED X NEVER MARRIED MODIE WARRIED X NEVER MARRIED WARRIED X NEVER MARRIED WARRIED WARRIED X NEVER MARRIED WARRIED X N	-	MALE Caucasian Oct. 24 1988 66 YRS.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SILVE SPRING USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION 136 STATE 136 COUNTY 137 CITY OR TOWN 136 INSIDE CITY LIMITS? WARYLAND 14 FATHER'S NAME FIRST MIDDLE LASI 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 16 USUAL OCCUPATION (TYPEOF WORKING LIFE) 172 USUAL OCCUPATION (TYPEOF WORKING LIFE) 174 EXIDENCE OF WORKING LIFE) 175 WORKING LIFE) 176 WIND OF RUMINGSS OR 177 CITY ZENS Rank Of Marylar 178 WIND OF RUMINGSS OR 179 LIMITS? YES NO 171 TATLEY ROAD 179 TATLEY 170 LIASI		COUNTRY) MARRIED X NEVER MARRIED 1 1
USUAL RESIDENCE IN NURSING HOME DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN Maryland Montgomery Silver Spring 14 FATHER'S NAME FIRST MIDDLE LASJ DUNNER BUILRET BUILLET BUILRET BUILLET BUILLET	160	TATELON TO THE TATELO
USUAL RESIDENCE IN NURSING HOME DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN Maryland Montgomery Silver Spring 14 FATHER'S NAME FIRST MIDDLE LASJ DUNNER BUILRET BUILLET BUILRET BUILLET BUILLET	41 1 90	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 112 KIND OF BUSINESS OR (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY CULTZENS
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION COVE RESIDENCE BEFORE ADMISSION) 130. STATE 131 COUNTY Maryland Montgomery Silver Spring 13d INSIDE CITY LIMITS? YES NO 117 Tankey Road 20904 14 FATHER'S NAME FIRST MIDDLE LASI 15 MOTHER'S NAME FIRST MIDDLE LASI 16 MOTHER SHATE MIDDLE 17 TANKEY ROAD 20904	5 1	SHOPE SPRING HOLY CROSS HOSPITAL Bunker Bank of Marulance
14 FATHER'S NAME FIRST MIDDLE LAST SIEST MIDDLE LAST SIEST MIDDLE LAST	Signature of the state of the s	USUAL RESIDENCE (If nursing home or other institution give residence before admission)
Proubeing Ch Token	2 41 17	14 FATHER'S NAME
Clarence E. Diowning, St. Total	AAR d w	Clarence E. Browning, Sr. Teresa McLaughlin
	S S S S S S S S S S S S S S S S S S S	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17 INFORMANT Wife Same as 13 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) 19 BAPT DEATH WAS CAUSED BY.	TIMOR S. Poge	yes 578-09-8252 Mildred M. Browning wife Same as 13
18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:	BAL ysicie ysicie vol.	
	ST., on ph emo	
DUE TO, OR AS A CONSEQUENCE OF	A din original origin	DUE TO, OR AS A CONSEQUENCE OF
5 28 8 8 8 Conditions, if any, which (16) Occurrence to art disease	Date of the state	Conditions, if any, which (b) Obelle Six do vonary to ait disease
DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF	the the remo	Course (a) storing the
Due 10, or as consecuence of the	by by roth	underlying cause last 1 (c) Hellelisium a Assupschuct Cheat
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gover rise to immediate couse io), storing the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gover rise to immediate couse io), storing the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gover rise to immediate couse io), storing the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gover rise to immediate couse io), storing the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQ	greed in ple	
D'aude Mullitus 19a. Date of operation 19b. Condition for which operation was performed NA YES NO YES NO YES NO 21a. Accident was underlying 21b. Time of Injury 21c How Injury Occurred (Enter Nature of Injury IIEM 18 Part 1 or Part 2)	The rinju	5 Dialiter Williter
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	ECC low princip	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A De c	ALR Popular Po	NA VES NO YES NO
21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2) OR CONTRIBUTION CAUSE OF DEATH HOUR A.M., MONTH DAY, YEAR	Mysicot Hygsicot Hygsicot 18 s 18 s	CO CONTRIBUTION CONTRIBUTION OF DEATH I HOUR A.M. MONTH DAY TEAK
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF THE FITTER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING PARTY MEDICAL EXAMINER P.M.	Sicilar Pention	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. NA 19
ON O	D A Whis adim	21d. INJURY OCCURRED NA 21e PLACE OF INJURY 21H LOCATION STREET 1/1 CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WOR	Ne of the state of	WHILE ON NOT WHILE ON AT WORK NA
220.1 certify that (I) (this hospital) ottended the deceased from 1960, to 6720, 1985, that (I) (we) last	Do A a D E	, mer (ir (ire res)
saw the deceased olive-an 6(20 19 85, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body after death.		saw the deceased alive-on 6/20 19 8/4, and that in (my) (aur) apinion death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
12th SIGNATURE	hos hos ept.	226. SIGNATUS DEGREE 222. DATE SIGNED
	· - 0	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/85
THE ADDRECE	E 0 E 0 E	
PHYSICIAN MI DIRECTOR PHYSICIAN Street #2 Si I Wer Spring Md2091 220 ADDRESS 110 6 Spring Street #2 Si I Wer Spring Md2091	oine ould whith	BERNADETTE SOONS MD. 1106 Spring street #2 Silver spring md20912
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	5 € 5 € ¥ ₹ 1	
BP Burial July 3, 1985 Parklawn Cemetery Rockville Mantagmery Md	BP	D. ' D T. D. 2 100E Dath Vaun ('omotohii
24. FUNERAL DIRECTOR FAGNCIA T COPPINS 250 DATE REC'D. BY REGISTRAR'S SIGNATURE	DHMU 14 40M 7/04	24. FUNERAL DIRECTOR FRANCIS T COPPINS 250 DATE REC'D. BY REGISTRAR 254. REGISTRAR'S SIGNATURE
(VRA 15, 4) 500 University Blvd. W. Silver Spring. Md. JUL 03 1985		NAME TO THE PROPERTY OF THE PR

10.00 a Late Table 1 and the late of the control of the Moses Comorred A THE STREET STREET, THE STREET 78/11

183138	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		REG. NO.	13	0 1
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DE		DAY YEAR	2b. HOUR
by be oge 3 deoth		ERNE		ANLE	y BRYSON	JUNE	21, 1		6:0QA
mo mo	3. SE	X	4. RACE		5. DATE OF BIRTH	6. AGE (IN YEARS		MONTHS DATE	IF UNDER 24 HRS
ge 4	1	MALE	CAUCASIAN	1	JULY 20,1906		7, &		
of post of	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY?	MARRIED (NEVER MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
To in 77	N	IARYLAND	U.S.A.		WIDOWED DIVORCED	MO	NTGOME	RY	MD.
with with	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA		G HOME OR OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING	126 KIND O	F BUSINESS OR
They so		AKOMA PARK	8307 HAT	DOON	DRIVE	SALES	PERSO	N DRY	CLEANIN
filled in	13a	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL MARYLAND MON	JNTY 13c. CITY	OR TOWN		13e.STREET ADD 8 3 0 7	HADDO	N DRIVE	20912
thin thin)4. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN N	AA	IDDLE	tAS	oT.
The state of the s	1	HERBERT	E.			OLINE		STANI	EY
dicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	CIAL SECUR			ADDRESS		
E/		NO	578	3-07-	8685 SYLVIA E	BRYSON	SAME		WIFE
at, th	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per une for y	plybi, and	1011			BETWEEN	IMATE INTERVAL ONSET AND DEATH
or berefit			ATE CAUSE (a) CAYO	hae	GYICAI				
orbin corbin notice			DUE TO, OR AS A C						
deo otior		Conditions, if any, which	(1b) Co1	CHOMO	y anlerd dx				
A.P.		cause (a), stating the underlying cause lost	DUE TO, OR AS A C		9				
s tho			107	rd a c					
signe hen p o bury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE O	r condition G	IVEN IN PART 10	a
DIVISION OF VITAL RECORDS. ING PHYSICIAN: The low requirentending physician. Wher this certificate has been signs the burial-transit permit. There the and Mental Hygiene prior to be orked or them. 8	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FO	R WHICH (OPERATION WAS PERFORMED	20a AUTOPS	Y? 20b. IF Y	ES, WERE FINDIN	GS USED
hos k	F					YES N	IN CERT	TIFYING CAUSES	OF DEATH?
N: Th hysicio hysicio rensit Hygie	1 =	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU				110
Physical Phy		OR CONTRIBUTING CAUSE OF D		NTH DA	Y YEAR				
PHYSICIAN: ending phys this certifica the buriol-tra id Mentol Hy	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUI		211 LOCATION			COUNTY	7
G Ph orten ord ked	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	RY, OFFICE, FA	RM ETC) STREET		TY OR TOWN	COUNTY	STATE
or or see of the more		220.1 certify that (I) (this has	pital) attended the deceas	ed fram_	1918 19	10 G/2	1/85	. 19	that (I) (we) last
TTEN Dittol TOR for of Ho		saw the decement alive a abave, (1)	not view the body after des	19	, and that in (my) to common	n death accurred a	n the date and he	aur and fram the	causes stated
IREC hed hed ept.		775. SIGNATURE	1 See yes joby one det	3111	DEGREE			22¢ DATE	SIGNED
the the letocl		Mult	Her	/	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	6/	21185
HOSPITA ned by FUNERA did be de de or the Stot		224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	./ 1		2	0
- 0 - 0 - 0 /		SMITH	HO		7610 691	rall Ave	TKP	K uno	1 209/2
5 5 5 4 3 X	23a. 1	BURIAL, CREMATION, REMOVA	L 236 DATE	23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATIC		(Objects	STATE
BP		BURTAL	6/24/85	BI	ROOKVIEW	RISII	IG SUN.	CECIL	, STATE MD
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	1	1	25a DA	ATE REC'D. BY REG	STRAR 256. REGI	STRAR'S SIGNAT	URE SE
(VRA 15, 4)	1 6	OT FOREN	FUNERAL HE	ME	DIGTING MIJU	DE CK	3 Spiller 10	ent document	



(VRA 15, 4)

Egylat Artania

asculas des PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY death accurred on the date and hour and from the causes stated IMPORTAN. 22e ADDRESS should be with the S 2309 Shorefield Drive, Wheaton, Md. 23c. NAME OF CEMETERY OR CREMATORY Burial June 24, 1985 Cedar Hill Cemetery Suitland Md. Pr. Georges 24 FUNERAL DIRECTOR 11800 N.H. Ave., Hinesy Rinaldi Funeral Home wie Davidson (VRA 15, 4) Sil. Spr. Md.

STATE OF MARYLAND

2b. HOUR

12b. KIND OF BUSINESS OR

own home

11:45

IF UNDER 24 HR

20906

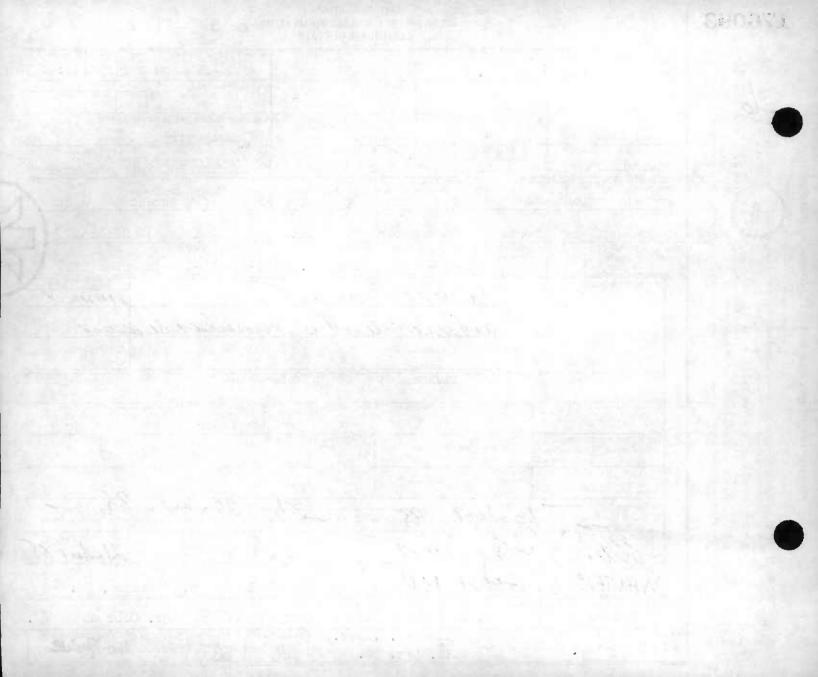
1985

IF UNDER 1 YEAR

INDUSTRY

Sanders

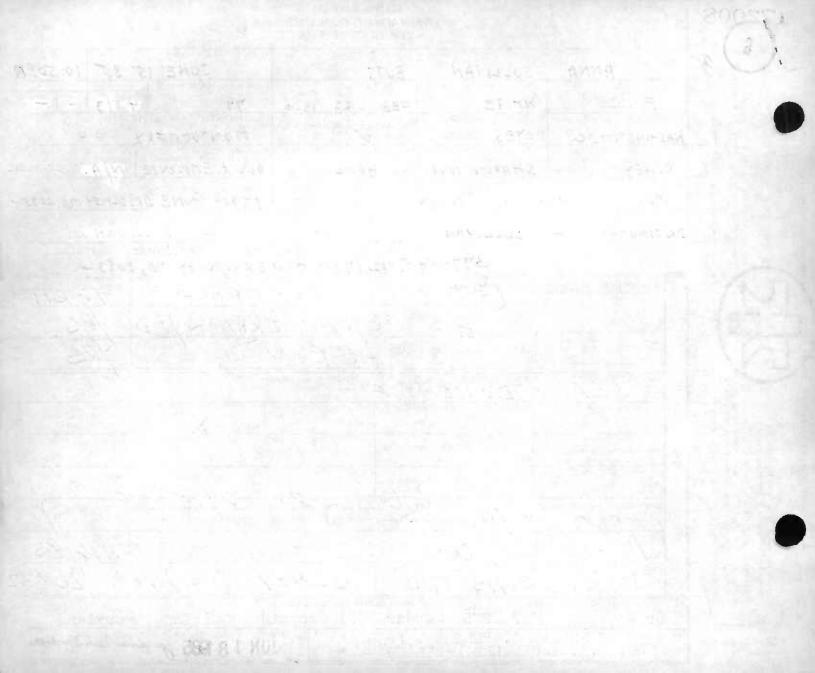
DHMH - 16 60M 7/84



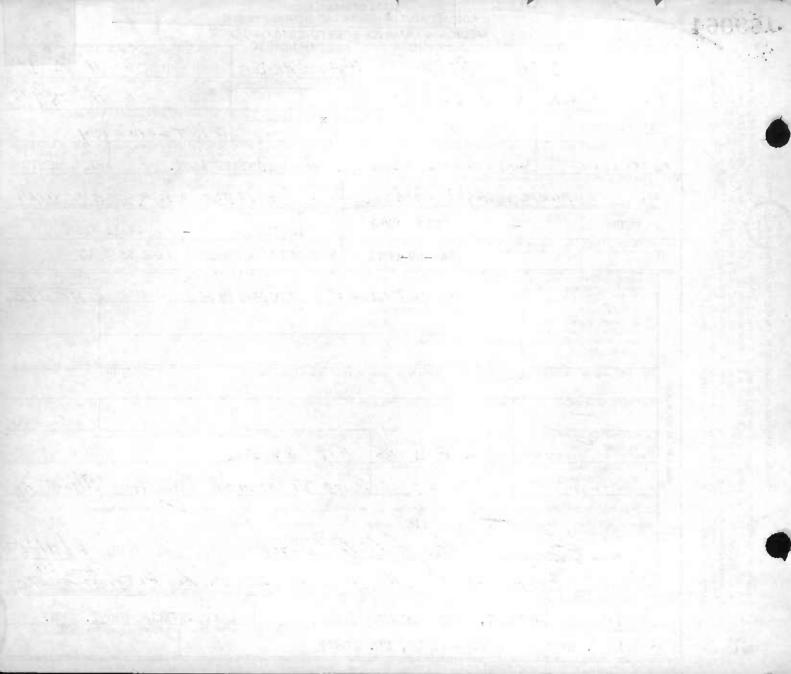
183130	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENES 5	175	5 4
moy be poge 3		CEASED NAME E OR PRINT) CL X	NTON 1. RACE	MIDDLE .	BUR S. DATE C	· -	20. DATE OF DEATH		
ith. Page 4 r. 72 hours after		Male IRTHPLACE (STATE OR FO	REIGN 76. CITIZE	casian EN OF WHAT COUNT	RY? 8 MARRIE	uary 28, 1897	9. BALTIMORE CITY O	YRS. DAYS	HOURS MIN.
ofter dec	B	- 111	H 11. NAM	BURBAN	RSING HOME O	OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST O Engineer	ON 126. KIND (OF BUSINESS OR
ARRYLAND 21:	13a Ma	aryland ATHER'S NAME FIRST	Montgome Middle	ery Bethe		13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN N FIRST	13e.STREET ADDRESS / 8200 Wisco	onsin Ave	20814
LTIMORE, M		WAS DECEASED EVER IN YES, NO OR UNKNOWN) Yes	WWI	ICES? 166 SOCIALS	9-4019	17. INFORMANT) ^{SS} Wisconsin :hesda, Mary	Ave. #116
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be recently that the low requires that the death certificate be recently and the low requires that the certificate and explain the norm. Then please remove carbon paper hap the ond Mental Hygiene prior to buriol, cremation, or removal. The carbon paper hap arked by the milesthows only injury, or other traumatic event, the many sections of the paper hap arked by them 18 shows only injury, or other traumatic event, the many sections of the paper hap are provided by them 18 shows only injury, or other traumatic event, the many sections of the paper happens only injury, or other traumatic event, the many sections of the paper happens of the paper happe	NO	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which ediate the last.	TO, OR AS A CONSE (b) TO, OR AS A CONSE (c)	OUENCE OF	not related to the tel	RMINAL DISEASE OR CONF	DITION GIVEN IN PART I	10
ALRECOR	CERTIFICATION	19a. DATE OF OPERATION		CONDITION FOR WH	HICH OPERATIO		200 AUTOPSY? YES NO XX	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	INGS USED S OF DEATH? NO
DIVISION OF VITY TO HOSPITAL OR ATTENDING PHYSICIAN: T retained by the haspital or aftending physici. TO FUNERAL DIRECTOR: After this certificates should be detached for use as the burital-transit, with the State Dept. of Health and Mental Hyg IMPORIANT: If Item 21 is marked or, Irem 18'sh	MEDICAL CER	22b. SKC VATURE	AUSE OF DEATH AL EXAMINER) D 21e. F (AT H) Thus bespired) often	e body ofter death.	19 FICE, FARM, ETC) OM 19 . 0	211. LOCATION STREET 19 Met that in (my) (tour) aprince DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 6 C	CITY OR TO	wn COUNTY 2 1985 pie and hour and from the	state , that (I) (wa) last e couses stated SIGNED 23
ВР		BURIAL, CREMATION, R (SPEC#Y) Cremation UNERAL DIRECTOR NAME	n Jun	ne 23, 198	5 Metro	politan Cremator	atory Alex	county candria Vir	ginia.
DHMH - 16 50M 4/83 (VRA 15, 4)				rumpnrey		r nomes,	UN 2 7 985	The state of the s	

FLER 129 - 15818 X

MOOOD				STA	TE OF MARYLAND			
72008	1	FOR STATE	DEPAR	TMENT OF	HEALTH AND MENTAL HY	SIENE 8 5	17:	5 5 5
0		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO).	
6/0		CEASED NAME FIRST	WIDOLE		LASI	20. DATE OF DEATH		R 2b HOUR
11/1	The	ANNA	SULLIVAN	BU	TT	Jur	NE 15 85	10:50 PM
тоу	1.5€		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE	
ge 4	-	Female	WHITE	FEB	/	79	YRS	HOURS MIN.
P 43		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MAPPI	ED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	ieuf-Triter
eoth /	MA	SHINGTON DC.	United States		PED DIVORCED	MONTGO	MERY CO	unty MD.
1 11 20	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION		D OF BUSINESS OR
10 5		LNEY	SHARON NUR	SING		GOV't. EMP	LOYEE U.S	. Government
hou hou	130. S	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
24		MD. Mont.	gomery OLNE		YES NO X	17809 HO	WE DR. OLN	124 MD. 20832
1 10	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST
Pa 11/20 (TIMOTHY -	SULLIVAN		Emma			dner
The second		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL SEG	CURITY NO.	17 INFORMANT Mrs.	Mary B. APer	singer, Da	ughter
9 9 9		No	577-5	4-70,	12/4809 HOL	IEDR. OLNE	y MD, 2083	32.
ote de la contra		18 CAUSE OF DEATH (Enter o	nly one couse per line (a+a), (b), c	and 190	10 0000	14000	BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
ph)			TE CAUSE (a)	0401	TONKET	FIFECO		TERM.
ding orbo			DUE TO, OR AS A CONSEC	UENCE OF	Danille -	DONINS	1/10	10-
deot ove ove han,	100	Conditions, if ony, which	((b) H.	. 0	FIAMO	DK#/PN	100	145
the or remove emon		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF	610,	17	1	loe
that the d by the lease recial, crer		underlying couse lost.	(c)		#5.C.	10	/	160
and un ple puric		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	OITION GIVEN IN PART	1110
The r to	CERTIFICATION	SENIC	E DEMEN	27/1	9 -			
1 4 6 6 7	3	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATI	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	
a find a find	1					YES NO	YES 🗌	NO 🗆
37 001 8	B	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ☐ CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART	2)
20 1011	3	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19				
ET TAN D	MEDICAL	216. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	FARM FILL	THE LOCATION	circognov	in countr	STATE
Op 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	WHILE AT WORK AT WORK		11	da	. /	- 1	
A Manual of a manu			utal) attended the deceased from	910	5 180	10 8/18	1980	L. that (pr (we) ast
五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二		sow the deceased alive of above (I) (we) (did) (did no	of view the Body ofter death.	84	and that in (my) (our) opinion	death occurred on the do	te and hour and fram	they couses stated
大学 報告を		22b. SIGNATURE	DA		DEGREE		774.04	A SIGNED
A ASSE		10 onta	+ (/ low	T	PHYSICIAN [MEDICAL STAF	IAN [16/85
TAN AND AND AND AND AND AND AND AND AND A	1 .	224 PHYSICIAN'S NAME TTYPE	OR PRINT)		22e ADDRESS	-11 MAD	1.02	400-
Post of Post o		DIK. L	_EW15 M	D	OLME	Y, 1/45	YLAND	20832
5 5 5 6 1 3	23a. E	URIAL, CREMATION, REMOVA	23b DATE June 23c	NAME OF	CEMETERY OR CREMATORY	734 LOCATION		
BP		Cremation	17,1985	Cedar	Hill Crema	tory Suit1	and, Mar	yland
DHMH - 16 60M 7/84	24 F	INERAL DIRECTOR ROBE	RT A. PUMPHRI	Y FII	NERAT 250. DAT	TE REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGN	NATURE DAME
(VRA 15, 4)	H	OMES, P.A., R	OCKVILLE, MARY	LAND		JUN 18 1985	game wand	Market Street



10	9064	1	101			DEPARTMENT	OF HEALTH	AND MENTAL F	YGIENE	1	1	5 5	6
·TO	200		- STATE REGISTRAR		ME		INER'S	ERTIFICATE	F DEATH	REG. N	10.		1
	- 1	T.	DECEASED NAM			MIDDLE ROSA		LAST GALLAR	EM. 677	ATE KNOWN	MONTH	DAY YEAR	120 110013
6	以 名 出 成 出			SUS.		ROSA	6	ALLARI	DO DE	ATH MATED [□ 6	11 1983	945
-	35 T T T T T T T T T T T T T T T T T T T	3	SEX	4. RACE	5 DATE OF BIRTH	YEAR LAST BI	RTHDAY) MONT			OATE	MONTH	DAY YEA	R 2d HOUR
/	- 8255E		re	CAUC	8 17	64 20	YRS.			DEAD	6	11 190	W
	HARE	71	BIRTHPLACE (76. CITIZEN OF WI			NEVER MARR	IED	LTIMORE CITY			
	S S S S S S S S S S S S S S S S S S S	10	. CITY OR TOWN		II. NAME OF HOS	PITAL, NURSING HO	OME, OR OTH	21.0110		CCUPATION (TY		126 KIND OF E	
	PAGE A	2	ROCKUI		SHADY 6	CILITY, GIVE STREET ADDRE	vav T1	.,	STAFF	ASST.		ELECTR	
1021	AND AND A STAND A STAN		STATE	(IF IN NURSING HOME 13b COUL MIA		13c CITY OR TOW		13d. INSIDE CIT' AITS? YES , } NO ☑	130. STREET A		KEZ	ZU8	72 WAY
m\$n	NASA /	- 1	FATHER'S NAM		MIDDLE	DEL'A C	CRUZ	15. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
(IAH	A SECTION AND A	1	PEDR					LUCIL	ıA	-		A CRUZ	
MITTE	RS AFTER GIVE PA WITH FOR PAGES DIVISION	1	O. WAS DECEASE LYES, NO, OR UNKN	ED EVER IN U.S, AI OWN) (IF YES, GIV	RMED FORCES? (E WAR OR DATES)	549-69-0		VIVENCIO	GALLARD	0 SAM	E AS	# 13	
-	2855	D	18 CAUSE C	OF DEATH (Enter o	inly one couse per line	for (o), (b), and (c).)					APPROXIMA BETWEEN ON	SET AND DEATH
NO	IN 24 HO IN ITEA RALONG SIT PER. HYGIENE MOVAL.	1	014		ATE CAUSE (o)	MULT	-1PL	ETR	HUMI	7		AC	UTE
PRESTON	A A L		Condition	ons, if any, which	1	ÁS A ČONSEQUEN	ICE OF						
× P	ED WITH PENCIL AMINER L-TRANS MENTAL I		gove r	ise to immediat	e (b)	AS A CONSEQUEN	C5 O5						
201 V	JID BE EXECUTED WITHIN 24 IN TEAL THE MEDICAL EXAMINER ALOND TO AS A BURIAL "TRANSIT PER HEALTH AND MENTAL HYGIEN IL, CREMATION, OR REMOVAL		lying co		(c)	AS A CONSEQUEN	CE OF						
	A TICK		PART 2 OTHER S	IGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART I (a).				
RECORDS,	PENDING MEDICA AS A BU EALTH AI		0										
A A		2	19a DATE O	POPERATION	19b CONDI	TION FOR WHICH C	PERATION W	AS PERFORMED?				20 AUTOPS	SY?
N N	WORD "F WORD "F E CHIEF BE USED INT OF H		AL EVICANI	AL CALISE WAS	21b TIME OF	th I was	100 11					YES	NO D
DIVISION OF	圣声生异素片。	3	UNDERLYING		HOUR A.M	MONTH DAY Y	EAR	OW INJURY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM II	B PART LOR PA	RT 2)	
Siol	CERTIFIC TING TH DED TO 3 SHOU DEPART 1 PRIOR		CONTRIBUT	ING CAUSE OF	21e PLACE		85 /	CATION	200				
DIA	SERVED S	7	WHILE AT WORK	NOT WHILE	STREET, FAC	ORY, FARM, ETC.)	R	TREET 27 BU	com RD	OR TOWN DAME	COL	INTY MYTHE	STATE
	F N A A A	5			rge of the remains des		an Autop		F3 /		nd in my op	11601	10
2019	EXAMINER: CERTIFICATIONED BE FOR DIRECTOR: 1, WITH THE MARYLAND		death resul		urol control of the reliability des	Accident Accident	Suicide	Homicide .	Undetermine		na in my op	inion	
	CERTIFICA CERTIFICA ULD BE FC DIRECTO WARYLAN					7/	///	TITLE (SPECIFY)				. 1	
	ICAL EXA THE CER SHOULD ERAL DIR EATH, WI DRE, MAR	-	SIGNATURE	Alle	ucal	Mull	11/18	1 DEP1	MEDICAL E	EXAMINER	DATE	0 6/1	1/83
	TO MEDICAL EX. EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR APTER DEATH, W. BALLTMORE, MAR	1	EXAMINER'S (TYPE OR PR		RANCH	6 11	MAYLE	ADDRESS \$2000	WISCOMSM	Notes F	ETM	200	11/0
	5X4548	23	O.BURIAL, CREMA	ATION, REMOVAL	73b. DATE	23c. NAME OF	CEMETERY	R CREMATORY	23d. LOCATH	/N	COUR	чтү	STATE
	BP		BURI		JUNE 17,	1985 LAY	TONSVII			ONSVILL		NT. MI	
	1H - 17	2	FRANCTS	H. BARE	TAVIT	ONSVILLE,	MD. 20	879 JUNE	14 1985	STRAR 256 REC	SISTRAP'S	THE WASHINGTON	ê
	20M 4/82		TIMINOIS	H. DAM	EIC LIKIT	MOATHE,	FID . 20	017					



18	3:	129
	oge 4 may be	director, page 3 ours after death

BALTIMORE, MARYLAND 21201

PRESTON ST.

DIVISION OF VITAL RECORDS,

FOR

REGISTRAR

Female

TO BIRTHPLACE (STATE OR FOREIGN

Massachusetts

CITY OR TOWN OF DEATH

Norman

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Canditions, if any, which gave rise to immediate

cause (a), stating the

underlying couse last

190 DATE OF OPERATION

21d. INJURY OCCURRED

22b. SIGNA

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an,

Bethesda

Maryland

4 FATHER'S NAME

No

CERTIFICATION

EIRST

Nancy

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. STATE 133. COUNTY 136. CITY OR TOWN

Montgomery

HE YES GIVE WAR OR DATEST

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

P.

76 CITIZEN OF WHAT COUNTRY?

IMMEDIATE CAUSE (a) Breast cancer

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 9829 Singleton Drive

Bethesda

16h SOCIAL SECURITY NO

211-20-3570

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19 84

20814

Pv1e

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE

21b. TIME OF INJURY

P.M 21e PLACE OF INJURY

United States

Caucasian

DECEASED NAME

- STATE

TYPE OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

Campbell

MARRIED XX NEVER MARRIED

22e ADDRESS

5. DATE OF BIRTH MONTH

November

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

E OF MARYLAND				mail M	10	14340	-
EALTH AND MENTAL HY	GIENE 8	5		1	0	5	1
ICATE OF DEATH		REG. N	10.				
AST	2a. DATE	OF DEATH	MONTH	DAY	YEAR	26 H	OUR
mpbell	Tur	ne 25.	198	5		6.	45am
OF BIRTH		N YEARS LAST BI			DERIYEAR		DER 24 HRS
DAY YEAR				MONTH	S DAYS	HOUR	S MIN.
ber 5, 1926	58		YRS				
XX NEVER MARRIED	9 BALTIM	ORE CITY	OR COUN	ITY OF E	EATH		
DIVORCED [Mor	ntgome	ry C	ount	у.		M
R OTHER INSTITUTION		L OCCUPAT				OF BUS	INESS O
	(TYPE OF W	ORK FOR MOST	OF WORKING		IDUSTRY		
2	Soc	ial Wo	rker	D	.C.	Gov	't.,
1134 INSIDE CITY LIMITS?	13. STREET	ADDRESS	/ 7IP CC	DE	-	1114	45
YES NO X		Sing1			We	0	
15. MOTHER'S MAIDEN NA		DILLET			VC		
FIRST		WIDDLE		_		51	
Audrey				D	ilks		
17 INFORMANT		ADDR	ESS				
Arthur A. Ca	mphel1	hus	band	sa	me a	S #	1.3
THE CHICAL THE GO	inipo e 1	1100	Dane		APPRO	XIMATE IN	STERVAL IND DEATH
				_	_/ y	ear	S
		_		_			
NOT RELATED TO THE TER	MINAL DISE	ASE OR CON	ADITION	GIVEN IN	PART I	a	
N WAS PERFORMED	200 AU	TOPSY?		YES, WE			
	YES	NOV	IIN CER	YES [CAUSE	NO	
21c. HOW INJURY OCCUP		71	IRY IN ITEM	8 PART 1 C	OR PART 2)		
	THE TENES	TATORE OF 11420	J. 1 (1.5.11		ZM 7		
211 LOCATION STREET		CITY OR TO	NWC	(OUNTY		STATE
10, 19-82		Termo	25	10	0.5		

[23 M PA ed S d a Rel morked or should be deta with the State [FUNERAL MPORTANT 0

BP DHMH - 16 60M 7/84 (VRA 15, 4)

Allen M. Mondzac, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE

P.A., Bethesda, Maryland

274 PHYSICIAN'S NAME (TYPE OF PRIN

Feb 10

EGREE

1145 19th St. N.W. #700 Washington, D.C. 23c NAME OF CEMETERY OR CREMATORY

June 25, 1985 Metropolitan Crematory Cremation 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

ATTENDING

Alexandria 250 DATE RE

23d LOCATION

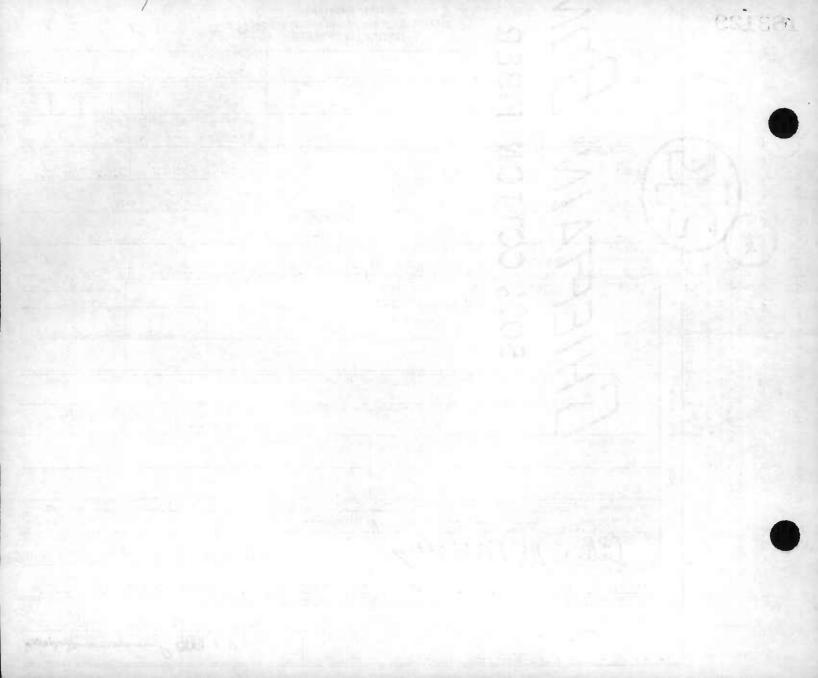
MEDICAL

PHYSICIAN X DIRECTOR PHYSICIAN

Virginia

June 25, 1985

22c. DATE SIGNED



)		/	7	5	6
REG. NO.	ă.			3	1

REGISTRAR				CERTIF	ICAIL OF	DEATH		REG. N	10.				-
1. DECEASED NAME	FIRST	A	AIDDLE	L.	AST		20. DATE O	FDEATH	MONTH	DAY	YEAR	26. HOUR	am
[TYPE OR PRINT]	Jennie	Ro	gers	Can	nady	200	June	10, 1	985			5:00	м
3. SEX		4. RACE		5. DATE C			6. AGE IN			MONTHS		IF UNDER 24	4 HRS
Female		Caucasi	an		st 12,	1904	80		YRS	1	DATS	NOUKS	M IN.
70. BIRTHPLACE IST	ATE OR FOREIGN		WHAT COUNTRY?	8		MARRIED -	9 BALTIMO	ORE CITY	OR COUNT	TY OF DE	ATH		
Georgi	a	United	l States	WIDOWE	D D	NORCED	Mont	gomer	v Cou	inty			MD.
III. CITY OR TOWN	F DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C		TITUTION	12e USUAL	OCCUPAT	ION	12b.	KINDOF	BUSINES	SOR
Rockville			hac Valley		sing Ho	ome	Home	emake	r	(IFE) IND	Öwn	Hom	ie
USUAL RESIDENCE	IF NURSING HOME OR	OTHER INSTITUTION		ADMISSION)			13e STREET	ADDRESS	/ 7IP CO	DE		208	78
Maryland	Montg	omery	Gaither	sbur	gyesXX		18371				Ci		
14 FATHER'S NAME						'S MAIDEN NAM							
Robert	-	MIDDLE LCC	Rogers		Mat	tie		MIDDLE		Λ1	S T.O.		
160 WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORM			ADDR	ESS V	ienn			
(YES, NO OR UNKNO)	(IF YES, GIVE	E WAR OR DATES)	579-30-	61/10	Tenn	ie Sue	Dear						
-	DEATH (Enter on	ly one couse per	line far (a), (b), and		0000	re nue		Som	reuc	B	APPROXIA	MATE INTERV	AL
PART I. DE	ATH WAS CAUSE	D BY:			irato	ry Arr	est.					diat	
LES	IMMEDIAI		R AS A CONSEQUE					116	+ 10				
A Conditions, i	any, which	(ib)	Cerebr		nfarc	tion					2 W	eeks	
gove rise to		DUE TO O	R AS A CONSEQUE	-			-110						
	couse lost.	(6)			cular	Insuf	ficie	encv			Yea:	rs	
PART 2 OTHE	RSIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D					_	ADITION G	IVEN IN P	PART IIo		
NO													
190 DATE OF C	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?		ES, WERE			12
E .							YES 🗌	NO		YES [, AUSES (NO [12
	VAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW II	NJURY OCCURR	ED (ENTERN	ATURE OF INJ	JRY IN ITEM TO	B PART LORI	PART 2)		
OR CONTRIBUTIN	G CAUSE OF DEA	III		19 1EAR									
(IF EITHER, NOTI		21e. PLACE			211. LOCAT			CITY OR TO	OWN	COL	UNTY	SI	ATE
WHILE AT WORK	NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM ETC)	SINCE			CIII ON I					
220 I certify t	not (1) (this hospi	tol) ottended th	e deceased from_				, to		10				
saw the a	eceased olive on (we) (did) did no	June	7 ofter death	85 . ar	nd that in (my) (our) apinion d	deoth accurr	ed on the c	late and h	our and fr	om the c	ouses stat	ed
226. SIGNATU		/ , \	7		DEGREE				114	220	L DATE S	IGNED	
1601	111111	MU	7	11	10	PHYSICIAN	TAEDICAL LOIRECTOR	R PHYSI	CIAN	J	lune	10,	1985
22d PHYSICIA	N'S NAME ITYPE O	R PRINT)	1		22e ADDRE						E. 1		
Rober	rt Millma	an	1		15 Eas	st Deer	Park	Drive	, Ga	ither	sbur	g, M	D
23a. BURIAL, CREMA	TION, REMOVAL	23b. DATE	1985 23c N	IAME OF C	EMETERY OR	CREMATORY	23d. LOC		-				
(SPECIFY)		1	1202				-CIT	YOR LOWN .	•	COUNT	IY .	- ST/	ATE m

DHMH - 16 50M 4/83

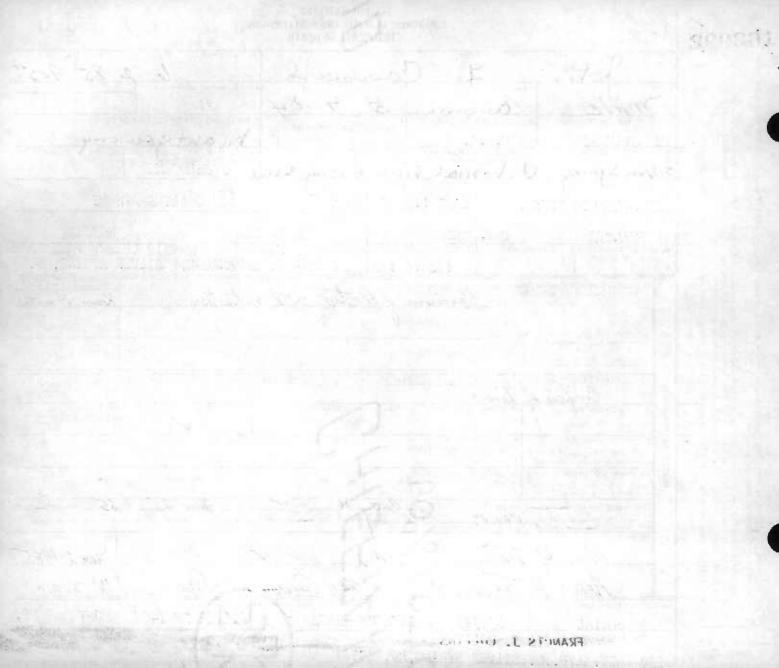
(VRA 15, 4)

Burial June 13 Rockville Cemetery 24 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Post Homes P.A. Rockville Maryland

21 - 1, 35 2

		FOR				DEPART	STA MENT OF		ARYLAN AND M		YGIEN	E	1	7	i ce	5	9
0006		STATE REGISTRAR CEASED NAMI	FIRST		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEC		-	REG.		H DAY	YEAR	2h HOUR
SSE FISS.	{TYP	E OR PRINT)	Will	iam		G.		Ca	rter			OF DEATH	ESTI- MATED	4 6	10	1882	C W
PLEASE INECTOR. IR FILES. HOURS	3. SEX	ale	4. RACE White		FOF BIRTH	1963	6. AGE (IN YE	ARS IF UN AY) MONTI		IF UNDER		2c. DATE PRONOU DEAL	NCED	MONTH	12	ST 19	2d HOUR
ACCESSA UNERAL POS.	FO	RTHPLACE (ST REIGN COUNTRY) Shingto	no de	7b. CIT	USA	HAT COUN	TRY?	B. MARRI WIDOW	ED NE	VER MARR DIVORC	ED U		MORE CITY	-	NTY OF I	-er	S MD.
PAGE FIED		ty or town hevy Ch		11. NA	ME OF HOS	PITAL, NU CILITY, GIVE S NNEC 1	RSING HOMI TREET ADDRESS)	or oth	er institu e	TION			PATION (T		Foo	ND OF BURNING	SINESS Oducts
	130. S	L RESIDENCE TATE MD	(IF IN NURSING HO)	ME OR OTHER I			OR TOWN			ITY LIMITS?	13.816	51 ACC	nn. A	ve./2	20815	5	
160	14. FA	THER'S NAME		MIDDLE	•	Ca	rter		15. МОТНІ Ј	er's maide	NAME	/	AIDDLÉ		Es	spey	
NE PAG TH FORM GES 1	160. V	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S.	ARMED FO			7-10-7		17. INFOR		arsh.	,14 W	ADDRES		,Che	evy C	MD hase,
HOURS N. 18. G M. 19. WI M. P. WI M. P. W.		18. CAUSE O	F DEATH (Enter	anly one coursely SED BY: DIATE CAUS), and (c).)	Line	_ <	2~~	. e \$	+.	MI		8ET	PPROXIMATI WEEN ONSE	INTERVAL T AND DEATH
BE EXECUTED WITHIN DING" IN PENCIL IN EDICAL EXAMINER AS A BUNTAL TRANSIT TH AND MENTAL HYDION, OR REMOVAL	N	gave ri couse (a lying cau	ns, if any, whose to immedia stating the uncurrent uncurrent to the uncurr	ate der-	(b)	AS A CON	NSEQUENCE NSEQUENCE	Jar Of	-)-			201	sele	uo C	2		TI A
"PEN "PEN SED A SED A CREA	CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?						AUTOPSY	
THE WORLD THE COULD BE SATMENT TO BURIN		UNDERLYING	AL CAUSE WAS		21b. TIME O HOUR A.A P.A	A. MONTH	DAY YEA		OW INJURY	/ OCCURRE	D (ENTER)	NATURE OF II	NJURY IN ITEM	18 PART 1 OR		YES []	NO [[]
AKDED AGE 3 SH ATE DEPA (0) PRIOR	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK		21e. PLACE STREET, FAC	OF INJURY TORY, FARM, E			CATION			CITY OR TO	ОWN		COUNTY	nost.	STATE
Certificate, Juld be forw Irector: P. Irec		220. I certi death result ACTUAL SIGNATURE	fy that I took ch	narge of the		Accident		Autap		Inspection cide	Undet	Inquiry ermined m	anner	ond in my , DAT SIGI		-12.	85
로뿌 오 = = =					-)						
AGE 4 SHC	1	EXAMINER'S (TYPE OR PRI	NT)	704	N	La.	יאבלי		ADDRESS_				54	200	IN	D.	~
PAGE 4 SHC TC TUBE AFTER BATTORE	{	URIAL, CREMA	TION,REMOVA	6/1	5/85	R	NAME OF CE	eek (Cemete	ory ry	23d. LC CHY Wa	CATION OR FOWN AShir	ngton,	D.C	YTAUC		ATE

					STATI	OF MARYLAN	D				
100-1	1	-FOR STATE		DEF	ARTMENT OF H			NEB 5	1 /	5 6) 0
162092		REGISTRAR			CERTIF	CATE OF DE	ATH	REG. N	0.		6.2
		CE MINT OF THE	151	MIDDLE	-	AST	2	O. DATE OF DEATH	MONTH DAY	Y YEAR 2	b. HOUR
n n n		hot.		7.	(au	ances	ck.		6 2	. 85	905 M
of the state of th	3. SE		4. RACE		5. DATE C			AGE (IN YEARS LAST BIR			IF UNDER 24 HRS HOURS MIN.
1 25	1	male	10	LCOAL	MONTH	DAY	O4	81	YRS.	NIHS DATS	MIN.
是 唐至 1	7e. Bt	CIMPLACE ISTATE OR FOREN	GN 76. CITIZEN	OF WHAT COU	VTRY? B.	NEVER MA	9.	BALTIMORE CITY		F DEATH	
1 学りとう		NNSYLVANTA	- l. U.	S.A.	WIDOWE		DRCED T	mant	Sou	eny	MD.
11/20		TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, N	URSING HOME C	ROTHER INSTITU	UTION 1	20 USUAL OCCUPAT	1014		BUSINESS OR
# # # # # # # # # # # # # # # # # # #	311	Von Sanine	1100	on land	O A LA LA	Norsin		STEELWO	ORKER LIFE	INDUSTRI	
be from	USU	IL RESIDENCE (IF NURSING)	OUNTY	TION, GIVE RESIDENCE	BEFORE ADMISSION	13d. INSIDE OUT		. CIDEET ADDRESS		444	144
No 24 illed	- 7		ITTS.	EAST	LIBERTY		10 🗆	632 COL	LINS AV	ENUÉ -	
tely 2 sh		THER'S NAME	2	I.A.		15. MOTHER'S M	AAIDEN NAME				
mple ond		FRANCIS	MIDDLE	VANAUGH	51	FIR	ELIZABE	TH		HOSÖĞI	(
0 7		AS DECEASED EVER IN L	J.S. ARMED FORCE	S? 166. SOCIA	SECURITY NO.	17. INFORMANT	SON	ADDR	7819 CH	ERRY TH	REE LANE
BALTIMORE, cole be execu- sysicion and colopers. Pages I vole.	C	res no or unknown) (if	YES, GIVE WAR OR DATE	160	5. 10 7460	WILLI	AM B. C	AVANAUGH,	SILVE	R SPRIM	JG, MD.
ALT		18. CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse		·					APPROXIM.	ATE IN O DE ATH
the second			CAUSEĎ BY: MEDIATE CAUSE (d		mona of the	ostale 1	with n	retastasis.		Known	14 months
ding or re		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		O, OR AS A CON	h						
201 W. PRESTON SI es that the death cert ned by the attending please remove carbor urial, cremation, or ret		Conditions, if ony, wh		0)	000000						
The compression of the compressi		gove rise to immedi couse (0), stoting		D, OR AS A CON	SEQUENCE OF						
by by oth		underlying couse le	ost.)							
		PART 2. OTHER SIGNIFIC	CANT CONDITION	IS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	O THE TERMIN	AL DISEASE OR CON	IDITION GIVE	V IN PART 10	
The ripolarity of the ripolari	Š.	Cirche	si of his	er							
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. frer this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b arked or frem 18 shaws any injuny	CERTIFICATION	190. DATE OF OPERATION	19b. CC	ONDITION FOR V	VHICH OPERATIO	WAS PERFORA	MED	20a AUTOPSY?	20b. IF YES, Y	WERE FINDING NG CAUSES C	S USED
Al He house	E							YES NO NO	YES		NO []
ON OF VITAL TYSICIAN: The ding physicio ding physicio is certificole buviol-tronsil buviol-tronsil mem 18 shp.		21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	110011	R A.M. MONT	H DAY YEAR	21c HOW INJU	JRY OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
SKCI NOP Certification of the	8	(IF EITHER, NOTIFY MEDICAL E	COL DEALL	P.M.	19			e lead to			
PHYS endir this se bu and Mand Monday	MEDICAL	21d. INJURY OCCURRED	LATHON	ACE OF INJURY	OFFICE FARM ETC.)	21f. LOCATION STREET		CITY OR TO	JWN	COUNTY	STATE
NG NG offer of the on the one the o	1	WHILE NOT WHILE					PE 119			-44.6	
NDIII NS A SE A SE		22a I certify that (I) (the			2	26	19.85	to gune	2 19		ot (1) (aue) lost
ATTE Spirto		sow the deceased o obove, (I) (<u>wa</u>) (did)	live on May (did nat) view the	oady after death.			opinion de	oth occurred on the d	ote and hour a		
OR OR		226. SIGNATURE	,,	-		DEGREE	ENIDINIC	MEDICAL STA	ce	22c. DATE ST	GNED
ZAL deto		Claron	H. has	um	m	PH	YSICIAN D	MEDICAL STA DIRECTOR PHYSIC	IAN 🗆	Hore 2	1985
HOSPITAL ined by the FUNERAL uld be det of the Stote		224 PHYSICIAN'S NAME	(TYPE OR PRINT)	-		220 ADDRESS	7	1 0	0-	V _n ,	
TO HOSPITAL or retoined by the TO FUNERAL I should be detoined in the Store I IMPORTANT: #		MARON	H. 186	UM MO		18915 G	PEOIDIA	HAR SI/VEI	pring	Md 2	0910
004444	23a. E	URIAL, CREMATION, REM	AOVAL 23b. DAT	E		EMETERY OR CRE	1/	23d. LOCATION	ndus V	COURT	STAMD.
14 9 BP		BURIAL		/4/85		F HEAVEN	1	SILVER		MONT	
DHMH - 16 50M 4/82		NAME FRA	NCIS J.	COLLINS	DRESS		25a. PA15	O BY RECIPIAR	Ture 1508	भेषका भारत	War Sale
(VRA 15, 4)	5	OO UNTU BLUD	W STI	VFR SPRI	NG.MD. 2	0901	0011	1300	1		4-4-



Time IT, 1982 Time IT, 1982

	REGISTRAR ECEASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. NO.	AY YEAR 2b. HOUR
(14	PEORPRINT) Eloise	म	Cesped	log	06/06/	85 1145 AM
3. S		4. RACE	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
1 2	Female	White	MONTH	06/11/10 YEAR	74 YRS	1/ 25 HOURS MIN.
7a. I	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY OR COUNTY	
/	New York Stole	USA	WIDOWE	NEVER MARRIED	Montgomery Coun	
) 10.0	Rockville	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVEST 1111 Fallsmen	RSING HOME O		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
	JAL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BI DUNTY 136. CITY OR T TIGHT	EFORE ADMISSION)	134. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	Uay 20854
5/1"	FATHER'S NAME FIRST Zenas	MIDDLE LAST P. Ful.	ler	15. MOTHER'S MAIDEN NAME FIRST Elsie	ME M •	Hopkins
160.	WAS DECEASED EVER IN U.S.		ECURITY NO.	17. INFORMANT	ADDRESS	
	No 220	BY WAR OF DATES	-4313	Francisco Ce	spedes Same as I	tem # 13
	PART I. DEATH WAS CAU	only one cause per line for (a), (b) USED BY: HATE CAUSE (a) Hepati	ic Failu	re		APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH Days
	Conditions, if any, which	due to, or as a conse	QUENCE OF Metasta	sis		Months
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF	Breast carcin	a o mo	6 years

CERTIFICATION M CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

NOT WHILE October 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on June 6, 1985

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

June 6 and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

CITY OF TOWN

20a AUTOPSY?

22b. SIGNATURE (TYPE OR PRINT)

above, (1) (we) (did) (did not) view the body after death

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

717 Pershing Dr., S.S., Md 20910

Hugo G. Graziani, 230 BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY STATE

22c. DATE SIGNED

206 IF YES, WERE FINDINGS USED

COUNTY

STATE

Burial-Removal 6/8/85 Jardin de Paz 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. NAME 5130 WI Ave. NW Wash., ADD 20016

Panama Panama JUN 7

DHMH - 16 50M 4/B3 (VRA 15, 4)

and Mento! Hygrene

marked an

MPORTANT: If Hem 21 is

(SPECIFY)

Tallings (Talmorda) A Paris Control of the Control of th TO MANAGE AND ASSESSMENT OF THE PARTY OF THE

8	5
3	DEC NO

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			2 0		
DECEASED NAME FIRE	MIDDLE		LAST	20. DATE OF DEATH	AONTH D	DAY YEAR	26. HOUR		
Jol	nn Wayne	. Cha	nnell	June	e 22,	1985	2:38P		
3. SEX	4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRTE		IF UNDER I YEAR	IF UNDER 24 HRS		
Male	Caucasian		mber 21, 1898	86	YRS.	MONTHS DAYS	HOURS MIN.		
a. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHA	T COUNTRY? 8			BALTIMORE CITY OR COUNTY OF DEATH				
Pennsylvania	U.S.	WIDOW	DIVORCED DIVORCED	Montgome	ry				
CITY OR TOWN OF DEATH		ITAL, NURSING HOME		120 USUAL OCCUPATIO			OF BUSINESS OF		
Bethesda		Hospital		Officer	WORKING LIFE	US Na	avy		
USUAL RESIDENCE (IF NURSING H	ONE OF OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION)		1		111	12/16		
		CITY OR TOWN	13d INSIDE CITY LIMITS?	6251 Old D	omini	on Driv	re/22104		
FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME					
Wayne	FIRST MIDDLE		Mable	MIDDLE		y			
60 WAS DECEASED EVER IN U		Channell SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	SS				
YES, NO OR UNKNOWN) (IF	VES, GIVE WAR OR DAYES)	161-16-8402	Evelyn Peers	Channell,62	51 01	d Domir	nion Dr.		
18 CAUSE OF DEATH (Fr	ter only one cause per line f	or (a) (b) and (c)				APPROX	IMATE INTERVAL ONSET AND DEATH		
PART I. DEATH WAS C	ALISED RV.	eumon1a				- DET WEETS	ONSET AND DEATH		
		A CONSTOURNSE OF		GU, N. 127		1			
Canditions, if any, whi	Cha	ACONSEQUENCE OF CONIC Obstr	uctive Pulmona	ary Disease		12000			
gove rise to immedia	te		11111						
PART 2. OTHER SIGNIFIC	107		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIV	EN IN PART 10	0		
Z O									
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYI	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?			
Ē.				YES NO	YES	_	NO [
210. ACCIDENT WAS UNDERLY	LICIUS A 44	URY MONTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IN ITEM IB P	ART OR PART 2)			
OR CONTRIBUTING CAUSE	OF DEATH	19							
(IF EITHER NOTIFY MEDICAL EX	21e PLACE OF IN	JURY	211 LOCATION	CITY OR TOW	N	COUNTY	STATE		
WHILE NOT WHILE [] [AT HOME, STREET, FA	ICTORY, OFFICE, FARM, ETC.)	37821						
22a.1 certify that (1) (this	haspital) attended the dec	eased fromIune	19 , 19.85			19_85	that (I) (we) los		
saw the deceased all abave, (1) (we) (did) (ve an <u>June 22</u>	death 19 <u>85</u> , a	nd that in (my) (aur) apinian	death accurred on the da	te and hau	r and fram the	causes stated		
226. SIGNATURE	9	" Photos	DEGREE			22c. DATE	SIGNED		
1 (1)	1. MUMA	7	ATTENDING PHYSICIAN	MEDICAL STAF		233	JUNE 8		
224 PHYSICIAN'S NAME			72e ADDRESS						
Michael W	. Thane, MC,	LCDR, USNR	Naval Hospi	ital, Bethes	da, M	laryland	1 20814		

DHMH - 16 50M 7/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Cremation

Money and King Funeral Home, 117 Maple Ave.

236 DATE

06/23/85

23c NAME OF CEMETERY OR CREMATORY

Metropolitan Crematory Alexandria Fairfax Virginia 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Homes, P.A., Bethesda, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

CHIERON DESCRIPTION OF THE PROPERTY OF THE PRO

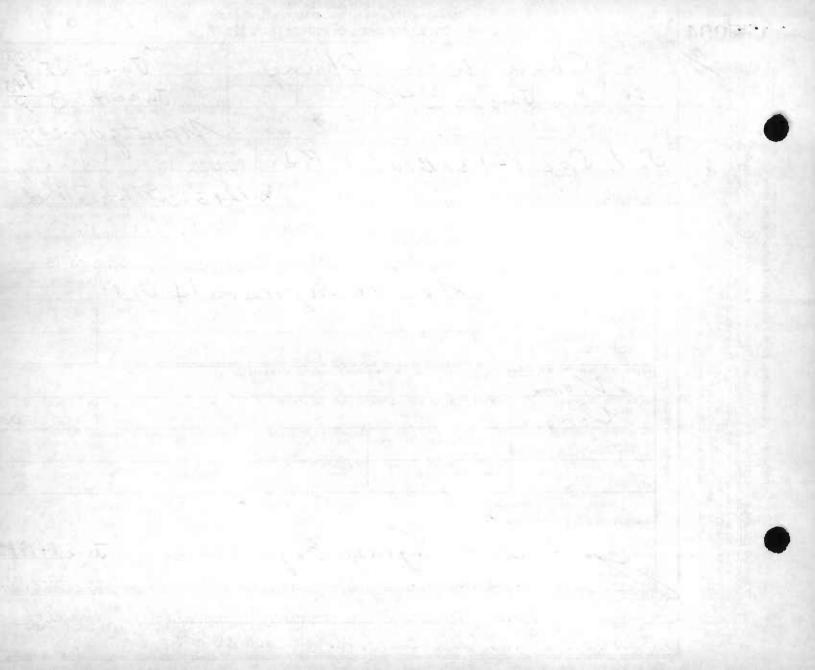
	400	9 04					OFMA									
184142	11-	FOR STATE				MENT OF HI				YGIENE	5		7	5 6	5	
A.O. K.A. A.		REGISTRAR		ME		EXAMINE	R'S CE	RTIFIC	CATEO	FDEAT	THT .	REG.	NO.			
		CEASED NAM	E FIRST		WIDDLE		ŁA	ST		20	DATE K	NOWN ESTI-	MONTH	DAY Y	YEAR 25 H	94
ET, ES.S.			Cinde	lla C	opela	and	Cha	apmar	1		DEATH /	MATED	□ 6/2	22 19	85 A.	T-3
25 E S E S E S E S E S E S E S E S E S E	3. SE	Х	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS			IF UNDER 2		DATE	CED	MONTH	DAY	YEAR 24 1	26
ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS. PHESTIN STREET,	Fe	emale	Black	Jun. 29,		55 YRS.	MONTHS	DAYS	HOURS	MIN P	RONOUN(DE AD	CED	6/2	22 19	85 A:	N
ECESSA INERAL FOR YOUR MITHIN		OREIGN COUNTRY	TATE OR	76 CITIZEN OF WI	HAT COU	VTRY? 8.	MARRIET	X NEV	ER MARRIE	D 9	BALTIMO	ORE CITY	OR COUNT	TY OF DEAT	TH .	
NEC	7	/irgin:	ia	U.S.A			VIDOWE[DIVORCE		Mo	ntgo	mery (County	/	MD
IS E S C W	ID. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	IRSING HOME,	OR OTHER	INSTITUT	TION		AL OCCUPA		TYPE OF WORK	126. KIND C	OF BUSINES	55
APEROK.		Silver	Spring	15009	Tim	berlake	Drive	е	6201				Assis			
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		AL RESIDENCE		OR OTHER INSTITUTION, GI	1134 CITY	E BEFORE ADMISSION	112	Id. INSIDE CI	TV LIMITE2						4 1 1	17
E 3 2 2 2		Marylan	d Moi	ntgomery	Sil	ver Spri	ng "	YES 🗌	NO 🗌	150	009 T	imbe	rlake	Drive	7010	/
9 7 4 7	14. F	ATHER'S NAME		MIDDLE		LAST		MOTHE	R'S MAIDEN			ODLE		LAST		
1 2 2 2 2 2		Jame	25	MIDDLE	Cone	land	10		Carri	0	MILL)OLE	To	ggeti		
M SAN A	160	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	10.	7. INFORA	TNAM			RT#	SS DOTE		^	
E E STANGE /	1	NO.	OWN) (IF YES, GIVE	WAR OR DATES)	231	-40-26	52	Mr	Lelan	d Cl	hapm	RL#. an	l Box Zuni		4	
A ST. LV HOURS. M 1# G WIT RAMIT R RAMIT R RAMIT R RAMIT R LL.		18 CAUSE C	F DEATH (Enter a	nly ane cause per line						0.		~11	- CUIII	APPRO	XIMATE INTER	VAL
		PARTI DEATH WAS CAUSED BY: Carcinoma of the pancreas.									BETWEEN	MOS .	EATH			
TO TENTE			IMMEDIA	IL CHOSE (a)		NSEQUENCE OF		100								
PRESTON ST ITHIN 24 HOI CIL IN ITEM 1 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.	119		ns, if any, which											A 191		
* > ZERES			se to immediate stating the <u>under</u>		AS A COI	NSEQUENCE OF						-				
		lying cou	use last.	(a)			100									
AAL AAL AAL AAL AAL		PART 2 OTNER SI	PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to													
S CERTIFICATE SHOULD BE EXECUTED STRING THE WORD "PENDING" IN PROPED TO THE CHIEF MEDICAL EXALS SHOULD BE USED AS A BURIAL-EDEPARTMENT OF HEALTH AND ME OF PRIOR TO BURIAL, CREMATION, OF PRIOR TO BURIAL.	Z	None														
REA HEA HEA	CERTIFICATION	19a. DATE OF	OPERATION		196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?				
MITAL SHOUL ORD "USE FUSE PICHE	표	N.	one											YES	□ NO	
CATE SHO THE WORD THE WORD THE CHILD BE US MAENT OF BE	7 18		AL CAUSE WAS	21b. TIME OI			21c. HOV	V INJURY	OCCURRED	(ENTER NA	TURE OF INJU	IRY IN ITEM	18 PART I OR PA			W
ON OF TIFICATE TO THE HOULD ARTMEI		UNDERLYING	OR OR	HOUR A.M		DAY YEAR	0		None							
CERTIFIC CERTIFIC TING TH DED TO 3 SHOUL DEPART	MEDICAL	21d. INJURY C		21e PLACE	OF INJURY	(AT HOME.	21f. LOCA		.,,,,,,,							
DIV THIS CI WARDE PAGE 3	¥	WHILE AT WORK	NOT WHILE [STREET, FAC	FORY, FARM, I	ETC.)	STRI	EET			CITY OR TOW	'N	со	YINU	S	TATE
ATE. S. HE S		22a certi	fy that I took char	ge of the remains des	cribed abo	ave, held on	Autapsy		Inspection		Inquiry	X,	ond in my ap	pinian		
MIN PHICE PHIC PHICE PHIC PHICE PHICE PHICE PHICE PHIC		death result	ed from Natu	ral causes X,	Accident	, Suici	de 🔲,	Hamic	ide .	Undeter	mined mar	nner [],			
IL EXA HE CERT OULD OULD H, WITH		Lenus d		0 01	-			TITLE (SI								
A HOLE HA		SIGNATURE.	15-6	20	1	ners	M.D	Dep	outy	MEDIC	AL EXAMI	NER	DATE	6/22	2/85	
NE SHE	ALC: N	EXAMPSER'S	NAME 1-1	C D	0	4 p			1919	Semi	nary	Road			,	
TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD FOR TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARN	1	(TYPE OR PRI		nn S. Roge				DRESS_				Mon	tgome	ry, Mc	1.	
ちゃっちゃっちゃ	23a. E	SURIAL, CREMA	TION, REMOVAL	23b. DATE		NAME OF CEME				23d LOC	TOWN		COUR	NTY	STATE	
07/84 BP		Remov		6-22-85	P	retlow	&Ch	apma	an F.	н.	Smit	thfi	eld,	1	7a.	
25M DHMH - 17		UNERAL DIREC			6 N.	Washi	ngto	n S	DO DATE RE	C'D. BY R	EGISTRAR	25b. RE	GISTRARS	GNATURE		
(VR A15 ME (5))	G	eorge	R. Sno	wden R	ockv	ille,	Md	4	UNZI	O	o gu	NA COL		A le		

178077		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
710011	1-	STATE AMERICAL EVALUATION CONTINUENTS	6 6
	I. DE	CEASED NAME FIRST MIDDLE LASY 76, DATE KNOWN DAY	YEAR 26 HOUR
22 52 52 12 E	(TYP	PEORPRINT) Luke H. Chat na 2001 DEATH MATED STUDE 201	9 CT 10 34
PEASE DE FILES. 2 HOURS.	1 SEX		YEAR 24 HOUR
ON STATE		M B1K A46 2163 VRS. DEAD June 24	19 8 M
PERSON NERAL	7a. BI FO	DREIGN COUNTRY? B MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY?	EATH
27 m /s -	In. CI	SCI DIA WIDOWED DIVORCED DI DI ON DE DE DE	D OF BUSINESS
A A C. E.	A	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) EOR MOST OF WORKING (IFE)	INDUSTRY
B 92	USUA	AL RESIDENCE (IF UNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	all later
10213	Oa. S	STATE S.G. Nab/COUNTY 136, CITY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / VES NO 12 C 6 UCX N	17 lan
a " 0 " 2 7 7 7	14. FA	ATHER'S NAME	AST
	人	follow L. Chalmon marce July	,
TIME PARTER	160 V	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS JULYAN 17. INFORMANT ADDRESS JULYAN ADDRESS JULYAN	illy SC
	1	The rest of the re	PROXIMATE INTERVAL
S SESS		PART I DEATH WAS CAUSED BY:	EEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	
V. PRESTO WITHIN 24 NCIL IN ITE NINER ALO INAL HYGII OR REMOVA		Conditions, if ony, which gave rise to immediate (b) Chronic Aryoratralial his	
201 W. PRE UTED WITH! EXAMPLE IN PENCIL IN PRINTE IN I		cause (a) stating the <u>Under-</u> lying cause lost. DUE TO, OR AS A CONSEQUENCE OF	
S, 201 V		(c)	
CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN PRIDE TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENTOF HEALTH AND MEDICAL PRIOR TO BURIAL, CREMATION,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
MED BY WENT OF THE ALL CREATER	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AL	JTOPSY?
SHOULD SHOULD ORD "PE CHIEF AN SE USED A HEAL OF HEAL	FE	Alana YE	ES O NO A
OF V	S. S.	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 211, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	71. 11.
IPICA GTHE GTHE GTHE HOULL ARTM	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION THIS CERTIFIC, WRITING TH WARRED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	MED	21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.] 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
THIS WAN PAG STAT		WHILE AT WORK AT WORK	
#\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z\Z	1	220. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry .	
EDICAL EXAMIN JIE THE CERTIFIC A SHOULD BE JINERAL DIRECT R DEATH, WITH I		death resulted fram: Natural causes Accident Suicide , Hamicide Undetermined manner ,	
ICAL EXAMINE THE CERT SHOULD IN ERAL DIRE EATH, WITH CHARMINE CATH, WITH CHARMINE CATH, WITH CHARMINE CATH, WITH CHARMINE CATH CATH CHARMINE CATH CATH CATH CATH CATH CATH CATH CATH			~2201980
MEDICA CUTE TI SE 4 SF FUNER TANCE	/	EXAMPLER'S NAME	
O MEDI XECUTE AGE 4 O FUNI FITER DI A TIMO		(TYPE OR PRINT)ADDRESS	
	23a. Bl	BURIAL, CREMATION, REMOVAL 23b, DATE 23c, TAME OF CEMETERY OR CREMATORY COUNTY	STATE
199999	24 FU	Service 6-26-85 Mempille, Cam. [250. DATE REC'D. BY REGISTRAR'S SIGNATURE [250. DATE REC'D. BY REGISTRAR'S SIGNATURE SIGNATU	URE .
(VR A15 ME (5))	Z	racien 389 R.J. Senw. With, O.C. JUN 25 1985 fla Savidson-Ran	delle
20M 4/82	4	700000000000000000000000000000000000000	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - SPATE 175094 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI DEATH MATED AGE (IN YEARS DATE PRONOUNCE Chinese 36 DEAD MARRIED NEVER MARRIED FOREIGN COUNTRY Indonesia Indonesia WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Teacher Public Schools 3a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS2 13e. STREET ADDRESS Maruland Montgomeru Wheaton 15. MOTHER'S MAIDEN NAME FIRST EAST MIDDLE LAST Chung China Chou Chou Ho 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** DIVISION PAGES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-96-6330 Mei Kiu Tam Chung Wife Same as 13 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18
PAGE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG V
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT
AFIÉR DE ATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. I
BALTWOPE MARVIAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES | 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE 220. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinian Natural causes Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) John S. Rogers 1919 Seminary Road TYPE OF PRINT PARBURIAL CREMATION REMOVAL 23h DATE Cremation Jun. 15, 1985 Metropolitan Crematory Alexandria 07/84 Virginia 25M 24 FUNERAL DIRECTOR Francis J. Collins 250. DATE REC'D. BY REGISTRAR. 256. REGISTRAR'S SIGNATURE **DHMH - 17** 500 University Blvd., W. Silver Spring, Md. (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R CERTIFICATE OF DEATH 20 DATE OF DEATH 2h HOUR JUNE 1, 1985 3:00 6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR HOUSEWIFE 9422 THRUSH LANE 20854 KELLY DAUGHTER ADDIES420 QUAIL RUN DRIVE GAITHERSBURG, MARYLAND 20878 SETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 280 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

5530 WISC. AVE. CHEVY CHASE. 23c. NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN 6/4/85

SILVER SPRING

MONT

Guia Davidson

FRANCIS J. COLLINSDORESS 500 UNIV BLVD . W. SILVER SPRING MD. 20901

23b. DATE

230. BURIAL, CREMATION, REMOVAL

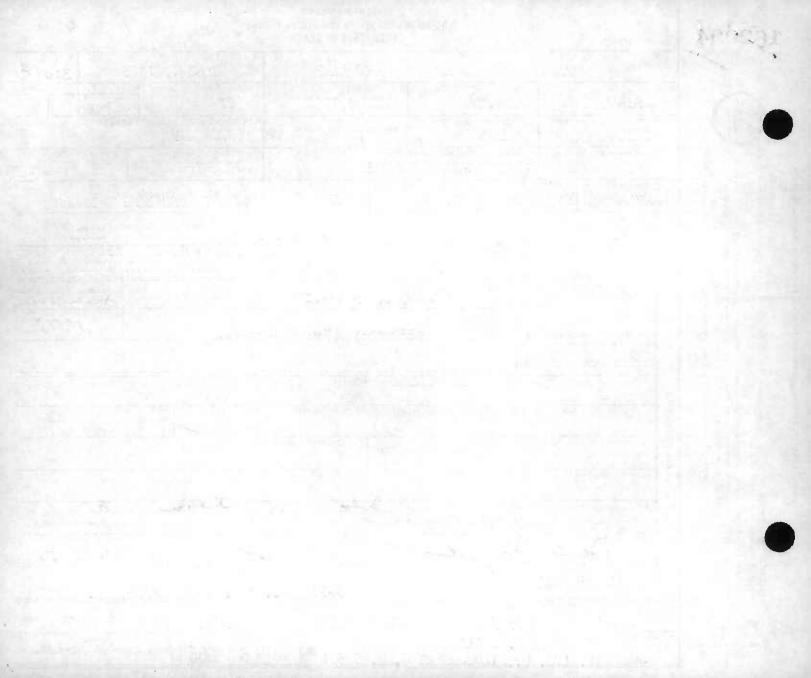
BURIAL

24. FUNERAL DIRECTOR

25a. DATE REC'D. BY

DHMH - 16 60M 7/84 (VRA 15, 4)

162094



STATE OF MARYLAND - STATE CERTIFICATE OF DEATH REGISTRAR

M.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20. DATE OF DEATH

June 3, 1985 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER 24 HRS

BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.

4 RACE

White

Ellen

Oct. MARRIED NEVER MARRIED

Cole

5 DATE OF BIRTH

17, 1913

Montgomery County Housewife

MIDDLE

126. KIND OF BUSINESS OF Home

Rafferty

days

2:40

Maryland

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Montgomery Boyds

Nelson

22201 Peach Tree Road

13d INSIDE CITY LIMITS? YES 15 MOTHER'S MAIDEN NAME

22201 Peach Tree Road 20841

Walter 160 WAS DECEASED EVER IN U.S. ARMED FORCES

166 SOCIAL SECURITY NO 217-42-0835

Agnes 17 INFORMANT Becky Mitchell

21010 Slidell Road Boyds, Maryland 20841

Conditions, if any, which gove rise to immediate cause (a), stating underlying cause

DECEASED NAME

Female

Boyds

4. FATHER'S NAME

IO CITY OR TOWN OF DEATH

huchuse Pulnoro

IN DATE OF OPERATION

AFED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NOM 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES |

210. ACCIDENT WAS UNDERLYING (IF EITHER NOTIFY MEDICAL EXAMINER)

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an above, (1) (we) (did) (did nat) view the bady after death.

DEGREE

and that in (my) (our) opinion death accurred an the date and have and from the causes stated

Dr. Susan Withrow

15 E. Deerpark Drive Gaithersburg, Md. 20877

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

6/7/85

23c, NAME OF CEMETERY OR CREMATORY Monocacy Cemetery

Beallsville, Maryland

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

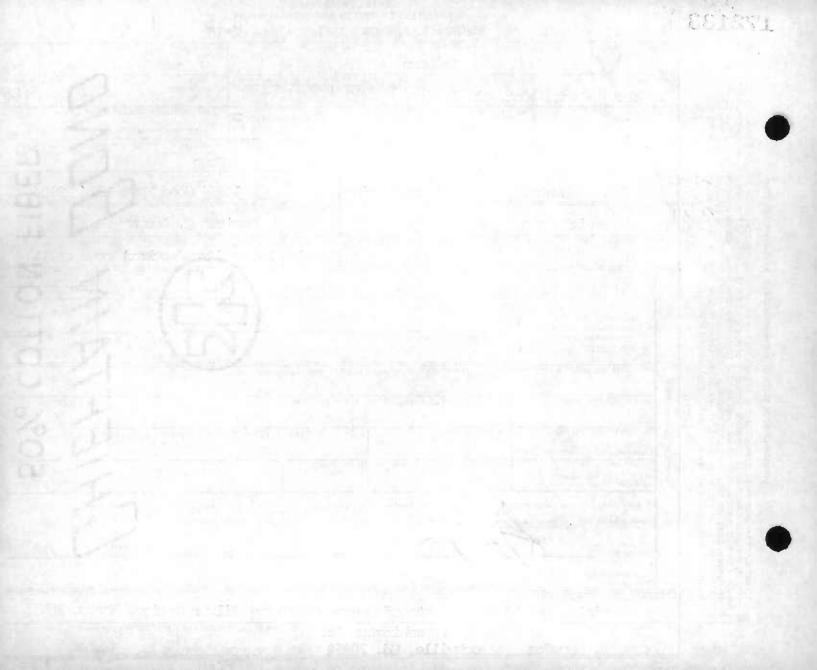
Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUN

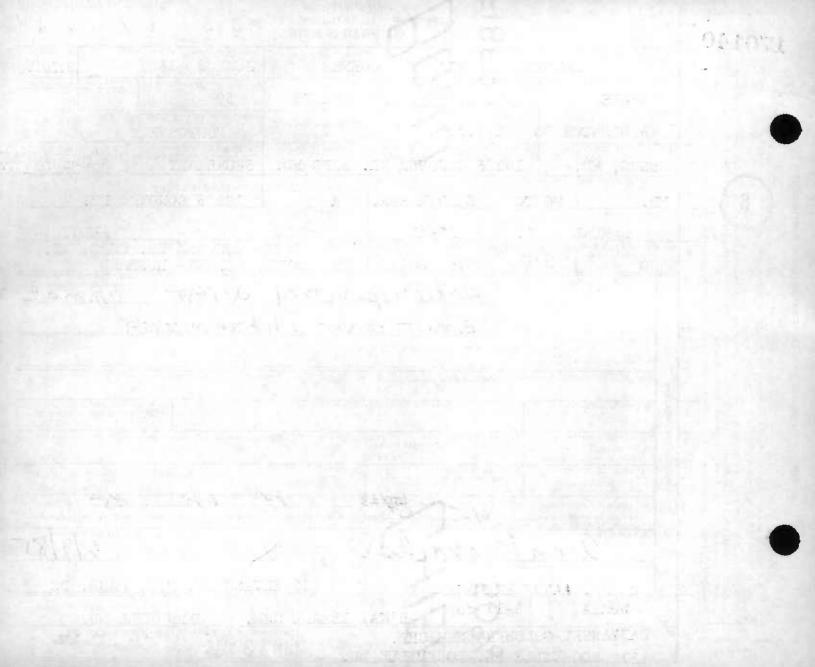
a Vaindan

भा चंडा, हे सावें		×100		at Hill by	
	 , 		(41)		
General Second					
supplied the street of		F 170			
The Sent Design of the Sent Sent			Wet conf		
equities many heart factor of the pa	Serga Gard Toron	6	€	· es	a (V
	wuid				
18					
י ביו פ'און הוצחיבלאנים, טול.	2011			ed remi	
the least of our representations				le la	

			FOR		n			AARYLAND AND MENTAL HYGIS	NE por	107		Ö
1	72133	1-	STATE REGISTRAR			ICAL EXAMIN		n	_ 2	1 =) /	U
		1. DE	CEASED NAM	E FIRST		WIDDLE		LAST	2a DATE KNOWN		DAY YEAR	2b. HOI
	SS	(TYP	E OR PRINT)	Keish	a	LaShawn	Co	ole-Adams	OF ESTI-		12 19 85	
	FILE	3 SE)	(4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN	IDER 1 YR. IF UNDER 24 HRS	. 2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d HO
	DIRE OUR ON S	F	emale	Black	Oct. 31,	1984 y	RS. MONT	HS DAYS HOURS MIN	DEAD	6	12 1985	5:19
-	NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN TO HOURS PRESTON STREET,		RTHPLACE (S	STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVER MARRIED	9. BALTIMORE CITY OF			
	NECESSA FUNERAL 5 FOR Y	10.0	TV 00 =0140	MD	US		WIDOW		Montgomery			A A S A S A S A S A S A S A S A S A S A
	PAGE FILED	1	TY OR TOWN	OF DEATH	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		FO	SUAL OCCUPATION (TYPE R MOST OF WORKING LIFE)	OF WORK	OR INDUS	TRY
	DELY STORY TO STORY TO STORY T		Olney	(IF IN NURSIFIC HOME O		ery General	IONI	oitai	None			7 4 3
BALTIMORE, MD. 21201	NY DEI NND 3 TO RETAIN ECOR	13a S	Md.	Monte		Silver Sp	ring	13d. INSIDE CITY LIMITS? 13e ST	4654 Good Ho	pe Ro	1./ 209	04
MD.	Towns 7	4. F/	ATHER'S NAM	E	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ALIDDIE.	-	LAST	
RE.	を見り	1		Keith Co.	le	LASI			iree C. Adam	IS	LASI	
W.	MAN NO /		ES, NO, OR UNKNO	DEVER IN U.S. ARA		166. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDRESS			412
MA	PASS AND		No			None		Wyoming Adams	(Grandmothe	r) sa		#13
1				CATILIANAC CALLEE	ly ane cause per line f D BY:		+ Dos	th Crandwana			APPROXIMA BETWEEN ONS	
NO	ALONG TERMITER T TERMITERMI YGIENE, OVAL.	-		IMMEDIA		AS A CONSEQUENCE		ath Syndrome				-
RES	ER ANSII			ins, if any, which ise to immediate	(4)			BEST ST			48.	
*	UTED WITHI IN PENCIL EXAMINER SIAL - TRANS D MENTAL ON, OR REA) stating the <u>under-</u>	DUE TO, OR A	AS A CONSEQUENCE	OF		SATISFAN.			
. 201	EXA ION ION				(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	HOULD BE EXECUTED WITHIN 24 HORD PROFIL IN TEM 11 HE MEDICAL EXAMINER ALONG USED AS A BURIAL TRANST FERMIOF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL.	z	PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RE	UT NOT RELATED TO THE TERM	AINAL OISEAS	E OR CONDITION GIVEN IN PART 1 (a).			The same	
REC	MENIE PENIE	CERTIFICATION	19a. DATE OF	FOPERATION	196 CONDITI	ION FOR WHICH OPER	RATION W	'AS PERFORMED?			20 AUTOPS	Y?
ITAL	NE OF SE	FFC			10000						YES X	NO [
OF V	A SENTE SENT	CER		AL CAUSE WAS	21b. TIME OF	MONTH DAY YEAR		OW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART		
NO	SHE STAND	CAL		ING CAUSE OF	DEATH P.M.	19						500
VIS	CER SED DED DEP	MEDICAL	214 INJURY			FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	COUN	ITY	STATE
_	WARI WARI PAGE 2120		AT WORK L	NOT WHILE D		100						
	EXAMINER: THIS CERTIFICATE SHOULD B CERTIFICATE, WRITING THE WORD "PEN ULD BE FORWARDED TO THE CHIEF ME L'ORECTOR: PAGE 3 SHOULD BE USED AS I, WITH THE STATE DEPARTMENT OF HEAM MARYLAND, 21201 PRÍOR TO BURIAL, GR		22a. I cert	ify that I taak charg	e of the mains desc	ribed abave, held an	Autap	sy X, Inspection ,	Inquiry . and	d in my apın	ion	
	ERTIFICATION OF THE PROPERTY O		death result	ted fram: Natur	rol coffee A.	Accident L, Su	vicide		etermined manner,			
	TO MEDICAL EXAM EXECUTE THE CERTIL PAGE A SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARY		ACTUAL SIGNATURE	1	1/m	/		TITLE (SPECIFY) Assistant ME	DICAL EXAMINER	DATE	6/13/	85
	NORE NORE	/	1000		0				DICAL EXAMINER	SIGNED.	0/13/	0.5
	A PER		EXAMINER'S (TYPE OR PRI	INT) Greg	ory R. Kau	iffman, M.D)	ADDRESS 111 Pe		o.MD.		
	572558	23a.B	SPECIFY)	TION, REMOVAL ?		23c. NAME OF CE		R CREMATORY 23d. I	ocation ilver Spring	COUNTY	ites Mi	ATE
07/84 25M	BP	74 F	BU UNERAL DIREC		6-15-85			-	SY REGISTRAR 256 REGIS			4.
	DHMH - 17 (VR A15 ME (5))		NAME		200,000	N. Washing		50 11N 1 57 400	1=311,000,000		100	
	(1	COLDE	R. Snowde	II KOC	VILLE, Ma.	- 208	DU THE REPORT OF	Mary Mary Mary	Bon	Charles and a second	Life Control



ROCKVIIIE_MD



AUU .ee					
	24		grafes natage		1) F
	vanc stud		Bodudi B		
	Following.	June	ther Porth-son	intercy (terill syen.
	4707 Izmak Bous	25	eanny yvania	Hourton and	busiques
		Andra.	Yourse		
Court, Charty C		a . mirror	1010-00-000		
	196 - 1				
, av	serbentola yn	STANDED EAT.	Logozator Til (E		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

A LE PRE TEST OF

in II.

And the Come Come Come of the Come of the

source chalch that the same and the same and

entropy of the second of the s

Smilyman are follow we dressed for the color the bot set, be, an inches and The state of the s

1006 1	FOR STATE		DEPARTMENT OF H	EALTH AND MENTAL H		13.14
	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	John	MIDDLE	COOPER	2a DATE KNOWN	MONTH DAY YEAR 26 HOL
	Ua F	12	4.	Gooden	DEATH MATED	6 27 80 120
1	ale CULIT	5. DATE OF BIRTH	YEAR LAST BIRTHDA	AS IF UNDER 1 YR. IF UNDER 1 YR. HOURS DAYS HOURS	24 HRS 26. DATE PRONOUNCED DEAD	6 2) 85 3 2 19
70.	BIRTHPLACE (STATEOR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WE		MARRIED NEVER MARR	IED L	OR COUNTY OF DEATH
10	Damas cus		PITAL, NURSING HOME, CHEY, GIVE STREET, ADDRESS! WOODTIETO	or other institution Rd.	FOR MOST OF WORKING LIFE)	
Ua.	UAL RESIDENCE (IF IN NURSING HON STATE 13b COI Maryland Mon'		131 CITY OR TOWN Damascus	N) 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 25921 Woods	Field Rd. 20872
1	FATHER'S NAME unknown	WIDOLE	Cooper	15 MOTHER'S MAIDE Lillia		Munday
160	Yes W	W. 2	220-12-41		Cooper, Rand	§ Winands Rd. Hallstown, Md.2113
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane couse per line SED BY: IATE CAUSE (a)	for (a), (b), and (c).)	ac ar	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, whi gave rise to immedic cause (a) stating the <u>und</u> lying cause last.	ch ote (b)	AS A CONSEQUENCE OF	ry art	eviosclen	2) 20
2	PART 2 OTHER SIGNIFICANT CONDITIO	(c)	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (g)	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
11111	LINDEDIVING OP		MONTH DAY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that I took cho			Autapsy , Inspectio	n Inquiry ,	and in my apinion
	ACTUAL SIGNATURE	hn Ta	lez	M.D. SPECIFY)	MEDICAL EXAMINER	DATE 6.27.88
	EXAMINER'S NAME (TYPE OR PRINT)	T made	arbr	ADDRESS \$ 215	5 m 13 et	in the
L		236 DATE June 29,198		cy Cemetery	Beallsville	, Montg., Md.
7	FUNERAL DIRECTOR OF IN L. Moles	worth, PDRAS	, Damascus,	Md. 250. DATE	REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE

Authoritis (19.1) x Authoritis (19.1) y (19.1)		Be all c		103	
Democratic and Terrorus X 25921 (codital) He. 20072 complete X 25921 (codital) He. 20072 company Cooper Library Lindsy company Cooper Library Section Cooper, Section Coope					
Democratic and Terrorus X 25921 (codital) He. 20072 complete X 25921 (codital) He. 20072 company Cooper Library Lindsy company Cooper Library Section Cooper, Section Coope					
emylend subtonery caseds x 25021 (mod?:elf 16. 2067) unknown Udop r lliden caseds 2027 (Henself H.,		Х		1.0.0	hartques
ummown Coop.p illian	voi oluende. etu'		. No Finithoo	25721	Eulanila
227 (Trende 14.	25921 (0001:014 10. 70878	X	0,000	Viscon too	boolyees
22U-12-150 ve no . voger, in delle ove, .20		oli Ti	n goot		атятюм
		· ender	221-12-1156	\$ 30.0	207
					17/acc

FRANCIS J. COLLOINS

500 UNIV BIVD W. SILVER SPRING MD

DHMH - 16 50M 4/83

PRESTON

(VRA 15, 4)

MECHANISM.

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI IF LINDED I VEAD 3 SEX DAYS mal BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED montgomer Massachusetts NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126, KIND OF BUSINESS C (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY P. C. C. T. C. Silver Spring, ma CROSS Frec. Branch Gaughumont 13e STREET ADDRESS / ZIP CODE Montgomery Maryland Silver Spring 728 Springloch Road NO 20904 15 MOTHER'S MAIDEN NAME MIDDLE FIRST John Geoghan Coune Maru ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE VES GIVE WAR OR DATEST Wife. Same as 13 Anne B. Coune No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH? NO C

STATE

218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

saw the deceased alive on_abave, (1) (we) (did) (did not

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

CITY OF TOWN COUNTY

and thorin (my) (aur) apinian death accurred an the date and haur and from the causes stated

DEGREE

21f. LOCATION

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

Carroll D. Mahoney. M.D.

10301 Georgia Avenue Silver Spring. Md.

(SPECIFY Burial

236 BURIAL, CREMATION, REMOVAL

130 NAME OF CEMETERY OR CREMATORY

Silver Spring Montgomery Md.

should be deta

DHMH - 16 60M 7/84

(VRA 15, 4)

Jun. 10. 1985 Gate of Heaven Cemetery 24 FUNERAL DIRECTOR Francis J. Collins

22a. | certify that (1) (this hospital) aftended the deceased from ____

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE we rendon jandell

University Buld. W. Silver Spring. Md.

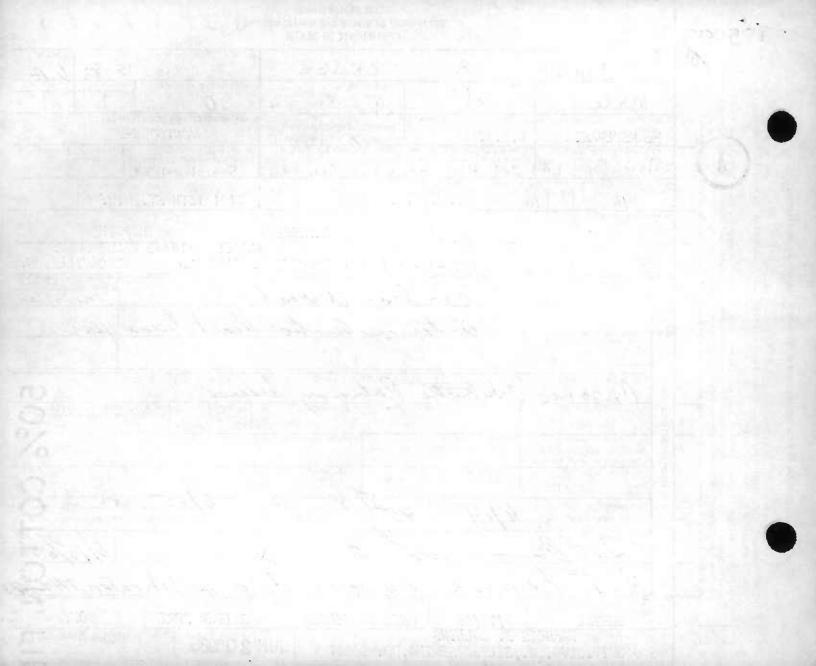
216 TIME OF INJURY

the bady after death

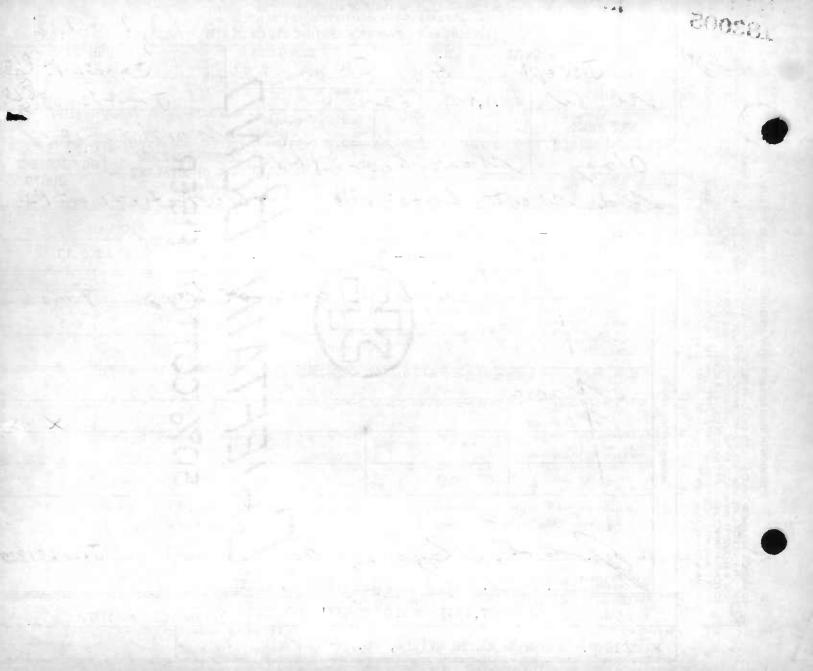
***			STATE OF MA		
183008	11-	FOR STATE		AND MENTAL HYGIENE	17577
		REGISTRAR	MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH	REG. NO.
In.		CEASED NAME FROM	weens in	Te DATE KN	OWN THEM SAT THAT SEED
28485	1	Leonard	Laurence (VECCY DEATH M	ATED Junes 3. FS D
300mm 5mm	2. SE	4 RACE S DAT	TE OF BIRTH B. AGE IN TRAIS IF UND		TO THE PROPERTY OF THE PARTY OF
DON'S		n W Ko	4.8-1912 / 2/as	DEAD	June 20 10 25 0
A SERVICE SERV	d'n	REPLACE (MAYOR TE CO	IZEN OF WHAT COUNTRY?	DENEVER MARRIED BALTIMOR	E CITY OR COUNTY OF DEATH
939	Va	ston- lurginia	U.S.A WIDOWE	pm pm 11 1	onto a neck M
2年20日本	10:0	TY OR TOWN OF INATH	AME OF HOSPITAL, NURSING HOME, OR OTHER	I INSTITUTION 126 USUAL OCCUPAT	TION THE OF THE TANK THE OF BESINESS
Hoam'	17	Tak Buk L	Nosh Advent.	HOW 6+P beles	shone Retired)
5 20 3 2 2		TATE IN COUNTY	PRETITUTION ON RELIGIOUS NOVELED IN CONVOCATIONN IN	14 INSBI DIT LIMITO 111 STREET ADDRESS	21783
at Marian	1	MI Avence	Ceorgo Chillum	YES P NO D SEODY	Ducant Rd.
9 77	AVI	ATHERS NAME AMODE	9	IS MOTHER'S MAIDEN NAME	9 1
	1	augustus	breecy.	Olive	Joedan)
BALTIMORE S. AFTER DEA GIVE PAGES TITH FORM P PAGES IVAN VISION OF	1662	WAS DECEASED EVER IN U.S. ARMED FO	DRCEST IN SOCIAL SECURITY NO.	T INFORMANT	ADDRES
ALT ALT	1	No	577-03-9896	Murcha L. Green	(13e)
1 8 4 3 4 0		18. CAUSE OF DEATH (Enter only one of	ouse per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN CASET AND DEATH
PRESTON ST THIN 24 HOL OL IN ITEM 11 LER ALONG ANSIT PERMI REMOVAL		PART I DEATH WAS CAUSED BY: IMMEDIATE CAU	SE (o) Soute	wooderdid	Det.
510 510 510 510 510 510 510 510 510 510	-		DUE TO, OR AS A CONSEQUENCE OF	,	melting the state of the
ALH ALER ALE		Conditions, if any, which gave rise to immediate	CO.PD		W. Vr
W WANTED		couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF		
ON PERSON		lying cause last	(c)		SELES HERE
RECORDS LD BE EVEC PENDING MEDICAL MEDICAL MEDICAL MEDICAL CREATH		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (OR CONDITION GIVEN IN PART 1 . e	
VITAL RECORDS SHOULD BE EXE NORD "PENDING CHIEF MEDICAL BE USED AS A BUT ST OF HEALTH AN BORNAL, CREAT	No	None			
THE PERSON TO THE	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WA	S PERFORMED?	20 AUTOPSY?
F VITAL TE SHOUL WORD "I TE CHIEF TE CHIEF O BE USE ENT OF H	子言	None			YES NO.
S CERTIFICATE SHOU RITING THE WORD." REDED TO THE CHIEFE S SHOULD BE USE TO EPERARENTE OF THE OFF	N N	210-EXTERNAL CAUSE WAS	TOUR A.M. MONTH DAY YEAR	W INJURY OCCURRED LENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
CERTIFICATE TING THE WED TO THE DEPARTMEN	3	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19		
CERTIFIC CERTIFIC ITING TH DED TO DEPARTY I PRIOR	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STR	ATION REET CITY OR TOWN	
	2	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	CITY OR IOWN	COUNTY STATE
E '₹5E0		22a. I certify that I took charge of the	e remains described above, held on Autopsy	, Inspection , Inquiry	1
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: TO FUNERAL WITH THE S BATTER DEATH, WITH THE S BATTER DEATH, WATHATES		death resulted from: Natural caus		Homicide Undetermined mann	J, and in my apinian
EXAMIN CERTIFIC UID BE DIRECT I, WITH		dedili resolled from: Txblordi caus	Accident Li,	TITLE (SPECIFY)	er [_],
ICAL EXA SHOULD ERAL DIR EATH, WII		ACTUAL SIGNATURE	P 6 Carrie	12-	ER SIGN JUNE 23 1975
SEA SEA		9	~	MEDICAL EXAMIN	ER SIGNO
TO ME EXECUT PAGE 4 AFTER PATER		EXAMINER'S NAME (TYPE OR PRINT)	A	DDRESS	
TO WE EXECUTE PAGE ATER BATER	23a. B	URIAL, CREMATION, REMOVAL 230 DAT			·
07/84 BP	1	Burial, Vein	026-1985 Sate of He	exen! asher Der	ina Monta br. Md.
25M DHMH - 17	24 9	UNERAL DIRECTOR	254 Barrall Att.	23a. DATE RECD. BY REGEST AN	TOL TESISTRAT'S SCHATLINE
(VR A15 ME (5))	LX	year Nathers	Despriator DE	JUN 2 6 1985	a distributed and all

20008 105 8 112 7 Palitin Thinginia 4.5.4 - Selection of the Chief Chief luquitus Croccy Oliv 597-03-1896 The West Z. Elecy [1820) Parial Jones St. 1955 The of Horas a silver fring North to The

			FOR		DED		OF MARYLAND EALTH AND MENTAL H	CIENE	17	: 78
-	175095	1.	STATE REGISTRAR		UEP		ICATE OF DEATH	REG. NO	D.	
	in		CEASED NAME FIRS	51	MIDDLE		AST		MONTH DAY	YEAR 26. HOUR
	page 3	(TYPE	James James	5	R	C	Ruse		6 15	85 11:A M
	mo)	3. SE	(4. RACE	1	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	RIYEAR IF UNDER 24 HRS
	ge 4		Male		N	9	30 94	- 90	YRS.	
	Po 40 10		RTHPLACE (STATE OR FOREIG		F WHAT COUN	TRY? B MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O		ATH
	de d		ENNSYLVANIA	U.S.A		WIDOWE	DIVORCED [TGOMERY	MD.
10	s of 1 10	51	TY OR TOWN OF DEATH		UCH FACILITY, GIVE		ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 hour	13a.	AL RESIDENCE (IF NURSING BY STATE N/A	OME OR OTHER INSTITUTION COUNTY N/A	130 CITY OR WASH.		134. INSIDE CITY LIMITS?	130 STREET ADDRESS 2101 16TH	ST.,N.W.	99999
YEA	ithin 2 sho	14. F/	THER'S NAME	MIDDLE			15. MOTHER'S MAIDEN	IAME		
MAR	ample ond	1	JOHN	WIDDLE	CRUSE		CATHERIN		HOPKIN	1S LAST
ORE,	nd co		VAS DECEASED EVER IN U.	S. ARMED FORCES		SECURITY NO.			843 BAUER	
LIMO	S. Poge		ES	WW I	578-4	0-5861	CATHERINE	L. HOFFMANN		CKVILLE, MD.
BAL	ysicio		18. CAUSE OF DEATH (En	iter only one couse p	er line for to 1, (I	oi, ond	0.	1		APPROXIMATE MILE & 3
ST.,	g ph oon p remo			EDIATE CAUSE (0)_	Car	deac	when	<i>i</i>	7	minules
ON	oth condin		CONTRACTOR (57)		OR AS A CONS	EQUENCE OF	n. +.	Much	20 20 71	lene a
RES	e deoth nove ca nation, a traumot		Conditions, if ony, whi gave rise to immedia	ch (b).	ari	suns	curouc	pearson	g	an
¥.	of the		cause (a), stating t underlying cause la	st. DUE TO,	OR AS A CONS	SEQUENCE OF				
201	sed bed pleas		PART 2-OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING	TO DEATHORUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN S	AST I/a
DS,	quire sign Then to bu	Z	Ahron	201	drunk	e Klen		esease	Jinor Giver her	A. 110
0	w re been mit. I	N X	190 DATE OF OPERATION	196. CON	IDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED
I RE	hos hos	CERTIFICATION						YES NO	YES	AUSES OF DEATH?
VII	physicio physicio rtificate h il-tronsit tal Hygie m 18 sha	l e	210. ACCIDENT WAS UNDERLYIN		OF INJURY	DAY YEAR	214. HOW INJURY OCC	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR I	PART 2)
P	ACIA g pl g pl entificient indi-triol-tri	1	OR CONTRIBUTING CAUSE	OFDEATH	P.M.	19				
NO.	PHYS ndin d Me d A	MEDICAL	21d. INJURY OCCURRED	LATHOME	E OF INJURY	FFICE FARM ETC)	211. LOCATION STREET	CITY OR TO	wn cou	UNTY STATE
NIO	NG ptfer ptfer hon	1	AT WORK NOT WHILE				Via ne	11.		
	NO SE A		220 I certify that (I) (this	10 11	the deceased f	111	1900	- to 4/) 1983	that (I) (we) lost
	ATTE Sspite SCTC d for f. of m 21		sow the deceased all above, (1) (we) (did) (did nat) view the ba	dy after death.			on death accurred on the de	ate and haur and tr	om the couses stated
	OR he		THE SHOWING	73		/	DEGREE ATTENDING	A MEDICAL _ STAI		11565
	PITAL by the ERAL e det Stote	1	224. PHYSICIAN'S NAME	(TYRE OR PRINT)	6		PHYSICIAN	DIRECTOR PHYSIC	IAN	7/0/00
	TO HOSPITAL retained by the TO FUNERAL Is should be detained with the State I MAPORTANT: #		R. Til	12.	ck	MO	4115 /	die Do.	wheato	n, Md 200
	with of sho		SURIAL, CREMATION, REM			23c. NAME OF C	EMETERY OR CREMATOR			
	BP		BURIAL	6/18	8/85	GATE 0	F HEAVEN	SILVER SP	RING	MONT STATE ME
90	DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR FRA	NCIS J. (COLLINS	DECE		ATE REC'D. BY REGISTRAR	256 REGISTRARIS S	IGNATUREL 22
	(VRA 15, 4)		500 UNIV. BLVI	D., W., SIL	VER SPR	ING, MD.	20901 JL	N S O 1900		



STATE OF MARYLAND 183005 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME TH. O DATE KNOWN JOSEPH (TYPE OR PRINT) ESTI-DEATH MATED AGE (IN YEARS 3. SEX DATE OF BIRTH DATE YEAR LAST BIRTHDAY) PRONOUNCED NOV.1,1922 7a. BIRTHPLACE b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN NEW YORK USA DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION GOVERNMENT 20879 1136 COUNTY 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST PUTNAM FLORENCE CUMMINGS JOHN 7. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO SAME AS # 13 ELLEN W. CUMMINGS 092-14-1388 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only ane cause per line far (o) (b), and (c).) PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a), Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A E 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPÁRTMENT OF HE 1 PRIOR TO BURIAL, 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY SATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 Inspection 22a I certify that I took charge of the remains described obove, held an Autopsy Inquiry and in my opinian Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) SILVER ASPRING, MARYLAND JOHN S. ROGERS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY ARLINGTON NAT'L CEMETERY BURIAL JUNE 27,1985 ARLINGTON ARLINGTON 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** indest FRANCIS H. BARBER LAYTONSVILLE, MD. 20879 (VR A15 ME (5))



- STATE REGISTRAR

HAROLD

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			REG.	NO.
20. [SATE	OF	DEATH	MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

MONTGOMERY

JUNE 18 1985

	100	-
	12	101
Ph. A.M.	WE LD	Tax III

		100 -1	
DAY	YEAR	2b HOUR 7	_
		10:00	A
IE LINE	DEPTYEAR	IE LINIDED 2 A MIDE	_

1 SEX	4 RACE	5. DATE OF BIRTH
MALE	CAUCASIAN	DECEMB!
MIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8

DECEMBER 9 1917 MARRIED X NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

OHIO CITY OR TOWN OF DEATH

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION IN SUCH FACILITY GIVE STREET ADDRESS!

12a USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY USMC

BETHESDA NAVAL HOSPITAL RETIRED USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI

DALEY

PRINCE WM VIRGINIA

EIDST

LOUIS

13c CITY OR TOWN QUANTICO 13d INSIDE CITY LIMITS? YES X 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 229 4th AVENUE

MIDDLE

LAST

BETWEEN ONSET

206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

FATHER'S NAME CLEVELAND

DECEASED NAME

TYPE OR PRINT

CATION

MIDDLE PETER DALEY

MARGARET 17 INFORMANT

MARTHA GEHARDT

16n WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

16h SOCIAL SECURITY NO 268-07-6652

ETTA M. DALEY, 229 4th AVENUE

YES 1936-1966 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY

QUANTICO . VA 22134 IMMEDIATE CAUSE (a) AORTO-ENTERIC FISTILA WITH HEMORRHAGE

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

190 DATE OF OPERATION

MULTI SYSTEM FAILURE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

85

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER)
214 INTILIPY OCCUPPED

WHILE NOT WHILE

21b. TIME OF INJURY HOUR AM. MONTH DAY YEAR 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

211 LOCATION

CITY OR TOWN COUNTY

STATE

NOF

220.1 certify that (1) (this hospital) ottended the deceased fram THINE 18 saw the deceased alive an_ abave (th) (we) (did) (did not) view the bady after death

and that in (my) (aur) apinian death accurred an the date and have ond from the causes stated

ATTENDING MEDICAL

DIRECTOR PHYSICIAN

77s. ADDRESS

NAVAL HOSPITAL, NMC-NCR, BETHESDA, MD 20814

23a. BURIAL, CREMATION

23¢ NAME OF CEMETERY OR CREMATORY

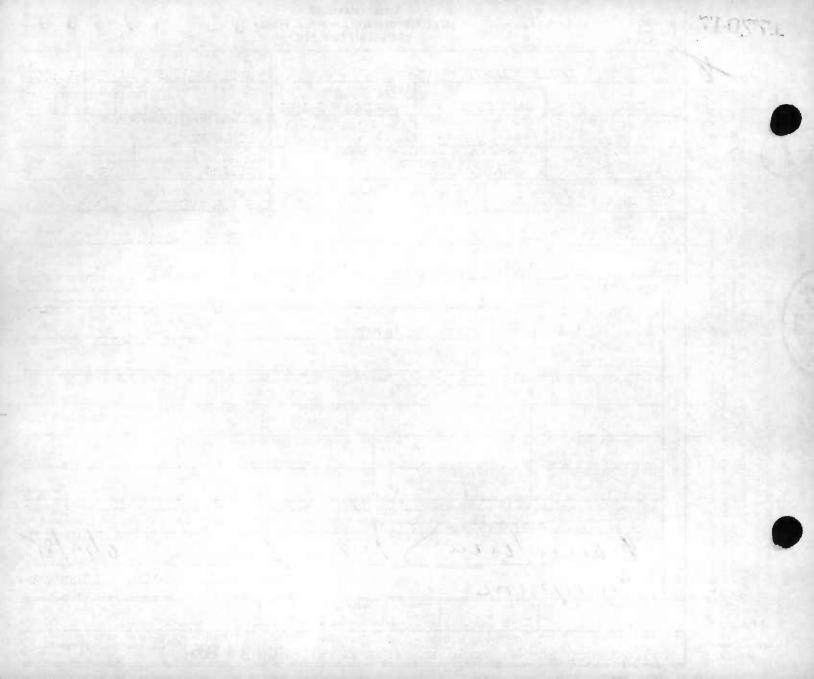
Dumfries Cemetery Dumfries, Virginia

24 FUNERAL DIRECTOR Cunningham-Mountcastle Fn. Hm. Occoquan Rd. Woodbridge, VA 22191

June 21, 1985

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE in variation hands a

DHMH - 16 60M 7/B4 (VRA 15, 4)



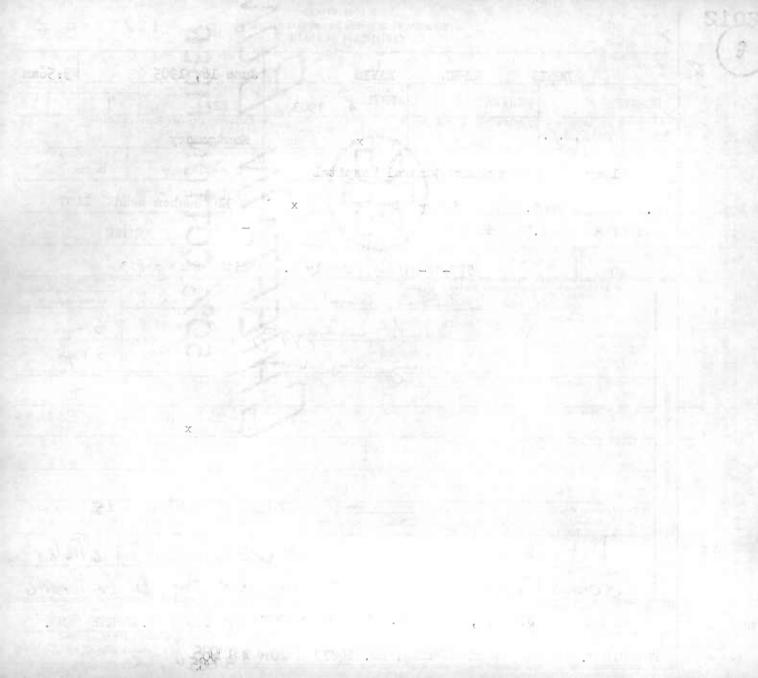
DEPARTMENT OF HEALTH AND MENTAL HYGIENE :-- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-DEATH MATED Christine Marguerite Dami ba 19 85 4. RACE IE UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED Oct.5. 1968 DEAD 19 85 Female Mossi 16 YRS 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Burkina-Faso Burkina-Faso DIVORCED Montgomery County, ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! None None SHOULD BE Bethesda Suburban Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) New York 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 45th Street/10017 New York None 333 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Pierre Sal1 Damiba Kadidia 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Pierre Damiba, same as #13 None CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Seizure Disorder IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION CATE, WRITING THE USED A TOPE TO STATE DEPARTMENT OF HER TATE DEPARTMENT OF HER TOPE OF TOPE O 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE VECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PYAFIER DEATH, WITH THE SIT, BALLIMORE, MARYLAND, 2 Inspection XX 22a, I certify that I took charge of the remains described above, held on Autopsy Undetermined monner Homicide Suicide TITLE (SPECIFY) Assistant MEDICALEXAMPLER 6-22-85 EXAMINER S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. ADDRESS 23. NAME OF CEMETERY OR CREMATORY Cemetery of Ougadougou 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Buria1 Gouguin Burkina-Faso 750. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH - 17** Homes, P.A. Bethesda, Maryland 20814 (VR A15 ME (5))



(VRA 15, 4)

172012

2	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	GIENE 8 5	7 5 8 2					
	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	200 ₀					
	CEASED NAME FIRST DORIS	MIDDLE	DAVIS	June 16. 1985	2b. HOUR 3: 56am					
3. SE		4 RACE WHITE	5. DATE OF BIRTH A DD NIT. DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS					
11		76 CITIZEN OF WHAT COUNTRY?	4 1903	82 YRS	OF DEATH					
TLE I	AKOMA PARK, D.C.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	M					
07	Olney	(IF NOT IN SUCH FACILITY, GIVE STREET Montgomery Gene	ral Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) Home Maker	12b. KIND OF BUSINESS OF INDUSTRY Home					
USU 130.	STATE 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW	burg 13d Inside City Limits?	13e STREET ADDRESS / ZIP CODE 20920 Goshen Ro	ad 20879					
50 H. F.	ATHER'S NAME WILLTAM C	PALMER LAST	15. MOTHER'S MAIDEN NA OLIVE	- MIDDLE WH	ITE LAST					
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) NO	MED FORCES? 16b. SOCIAL SECU 579-48-6		Suddith Same as #1						
vent, the		ly one couse per line for (a), (b), on D BY: E CAUSE (a)	e ament		BETWEEN ONSET AND DEATH					
ther troumotic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI	ENCE OF The Durch		7 4 yrs					
NON		CONDITIONS CONTRIBUTING TO	DENH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE						
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO X YES	WERE FINDINGS USED ING CAUSES OF DEATH?					
-/-/	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, I	PARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE					
ZI is mo	22a.1 certify that (1) (this hospital) attended the deceased from									
IT: # Hem	22b. SIGNATORE	lung	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	GILL 88					
IMPORTANT.	22d. PHYSICIAN TANE (TYPE O	TRIEDMAN	13-15 545T	DEER PORK DR	6AITHERSONEG					
23n	BURIAL, CREMATION, REMOVAL		Name of CEMETERY OR CREMATORY Ft. Lincoln Cemete	23d. LOCATION CITY OR TOWN	COUNTY STATE					
_	(SPECIFY) BURIAL	JUNE 18,1985	Ft. Lincoin cemete	ry BRENTWOOD P.GI	EORGE MD.					



0000		FOR				DEPART					YGIEN	Fin			100	a .	-7
3000					MEDICAL EYAMINED'S CEDTIFICATE OF DEATH								NO.	3	0	3	
	1. DEC	EASED NAME	F	IRST		WIDDIE			LAST			20. DATE	KNOWN		TH DAY	YEAR	26 HOUR
18 N	(TYPE	OR PRINT)	Roo	dria	2	649	D	ela (בורי ^י		157			<u> </u>		19.85	
100 E	3. SEX		4. RACE		DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	IDER I YR.			2c. DATE	ICED	MONTH	1 DAY	YEAR	2d HOUI
SZ SCH	M	ALE	CAUC.				24 _{YI}	RS.	HS DAYS	HOURS	MIN.	DEAD	ICED	6	11	1985	7:36
EST I	S. BII	RTHPLACE (ST	TATE OR	1	. CITIZEN OF W	HAT COUN	ITRY?	8. MARR	IED NE	VER MARRI	ED X	9. BALTIM	ORE CITY	OR COU	NTY OF	DEATH	5
253	100							WIDOW	/ED 🔲	DIVORC	ED 🔲						ME
##B	10			1	(IF NOT IN SUCH FA	CILITY, GIVES	TREET ADDRESS)		IER INSTITU	TION							
O WE SE				HOUSE OF S						1.1	ELL	C. AS	SEMB	LER	E	LECTR	CONIC
	13a S1	TATE	13b.	COUNTY		13c. CITY	OR TOWN	ONJ	13d. INSIDE C	NO 🔀	13e STRI 105	OO N	ss Nicke	lby V	Way	2087	2
1 2 2 E	14. FA	FIRST			MIDDLÉ		LAST			IDCT	NNAME	MI	IDDLE .			JAST	
S \$ \$ 2 6		PEDRO -															
BALTIMOR SS AFTER DE GIVE PAGE GIVE PAGES I AM PAGES I AM INISION OF			YES, NO, OR UNKNOWN) (IF YES, GIVE											#	1 2		
PAG									GERALD ENGELBRECHT Sam								
	1	PART I DE						wi 0.0							BET	WEEN ONSE	T AND DEATH
A SER CONTRACTOR		8121	IMA	MEDIATE													
EMC SIT A					00210,00		OLGOLITCE .										
SATA SATA SATA SATA SATA SATA SATA SATA					DUE TO, OR	AS A CON	ISEQUENCE	OF				-					
ON.		lying cau	se lost.		(c)												
AAN AN		PART 2 OTHER SI	GNIFICANT CON	DITIONS COI	NTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	IINAL DISEAS	E OR CONDITIO	N GIVEN IN PAI	RT 1 (s).					U -	
ARDI ARDI ARDI ARDI ARDI ARDI ARDI ARDI	ON										6 8			W5/4		110	
A FED A	ICAT	19a. DATE OF	OPERATION	Ν	19b. CONDI	TION FOR	WHICH OPER	ATION W	'AS PERFOR	MED?					20	AUTOPSY	?
PER	RTIF	2)a EYTERNI	I CALISE W	2 4 /	1214 TIME O	EINIMIDY		Tat. 11	Olaz bili ibi	0.0000000000000000000000000000000000000				100		YES CX	NO 🗌
	IL CE					MONTH		3									
S S S S S S S S S S S S S S S S S S S	DIC			SE OF DE						it in	auto	/scno	or br	us in	pact	-	
S S S S S S S S S S S S S S S S S S S	ME	WHILE	NOT WALL	LE 🕱	STREET, FAC	TORY, FARM, E			TREET	Ploc	m Dv				COUNTY	003017	STATE
ZZA PAK	0															ELY,	MD.
SEZZZ F					-		arments.					1- /		ond in my	opinion		
E B B E E		death result	ed from:	Natura	causes [Accident	_EM, Su	icide 📖			Undete	ermined ma	inner	,			
# 7 € E		ACTUAL SIGNATURE	1	X	10			M			t MEDI	ICAL EX AM	INER	DAT	E E	5/13/	85
NER SH				00	0										NED		
SHEET STATES		(TYPE OR PRI	NAME G	rego	ry R. Ka								alto.	.MD.			
22729	236.Bt	JRIAL, CREMA	TION, RÉMO			1985				ORY	23d. LO	CATION	VIII	196	ONT	MDs	TATE
P					OTATE 119	797	DALIOI			25a DATE I							
DHMH - 17		NAME		סידם	T A VTONO	WILLI	d MD	2087			C D. BT	REGISTRA	Z JU. KE	OISTRAK S	AMOIC	TURE	
((c) 3W CIN	FR	ANULS	n. DAN	nagi	THITTON	\ \ T D D I	, 1 ¹ D.	2001		JUN	4 4	795	7 0. 1	-	-	1.03	
The state of the s	PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: APTER DEATH, WITH THE BATTMORE, MARYLAND	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINED IN THE PAGE 3 SHOULD BE FORWARDED TO FUNE ALONG WITH FORM, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AN AFTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DINISION OF VIALLE COND. AFTER PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AN AFTER PAGE 1 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AN AFTER PAGE 1 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AN AFTER PAGE 1 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AN AFTER PAGE 1 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGE 1 AN AFTER PAGE 1 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGE 1 AN AFTER PAGE 1 AN AFTE	AND THE STORY OF T	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) RO 3. SEX MALE CAUC. 16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PHILIPPINES 18. CITY OR TOWN OF DEATH ROCKVILLE USUAL RESIDENCE (IF IN NURSING 136. STATE ISO WID. 14. FATHER'S NAME PEDRO 16. WAS DECEASED EVER IN U (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (IF PART I DEATH WAS O INV Conditions, if any, gave rise to imm couse (a) stoting the lying cause lost. PART 2 OTHER SIGNIFICANT (ON IN) 19. DATE OF OPERATION 19. DATE OF OPERATION WILL THOUGH AT WORK 216. LEXTERNAL CAUSE W UNDERLYING CAU 216. INJURY OCCURRED WHILE AT WORK 226. Lecrtify that I tool death resulted from: SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 236. BURIAL 24. FURBAL DIRECTOR NAME 24. FURBAL 24. FURBAL DIRECTOR NAME 24. FURBAL DIRECTOR	REGISTRAR 1 DECEASED NAME	ROCKVILLE WISH PRITTY OF TOWN OF DEATH IT. FATHER'S NAME PRIST OF BIRTHPLACE (STATE OR FOREGOR COUNTRY) PHILIPPINES PHILIP III. NAME OF HOS (IF NOT IN SUCH P. ROCKVILLE WALE CAUC. OCT. 16, 1 III. NAME OF HOS (IF NOT IN SUCH P. ROCKVILLE ROCKVILLE Shady USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, O (IF NOT IN SUCH P. ROCKVILLE Shady USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, O (IF NOT IN SUCH P. ROCKVILLE NODE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY III. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY III.	TO STATE REGISTRAR T. DECEASED NAME (TYPE OR PRINT) RODICO RODICO	TORK FOR REGISTRAR REGISTRAR REGISTRAR	DEPARTMENT OF HEALTH REGISTRAR I STATE REGISTRAR I DECEASED NAME FRST ROATIGO 3 SEX 4 RACE SO DATE OF BIRTH MODILE LAST BIRTHARM MODILE PART JOURNALD FROM THE ROAD FOR THE REGISTRAR WIDOW 13 SEX MALE CAUC. OCT. 16,1960 24 YRS. FARST MALE CAUC. OCT. 16,1960 24 YRS. FARST PHILIPPINES PHILIPPINES PHILIPPINES ROCKVILLE ROCKVILLE ROCKVILLE Shady Grove Hospital, NURSING HOME, OR OTHER ROST ROCKVILLE ROCKVIL	DEPARTMENT OF HEALTH AND M MEDICAL EXAMINER'S CERTIFIE 1. DECEASED NAME 1. DECEASED NAME 1. DECEASED NAME 1. DECEASED NAME 1. ROCKIGO 2. SEX 1. RACE 3. DATE OF BIRTH 1. STATE MALE 1. CAUC. OCT. 16, 1960 2. SEX 1. RACE 3. DATE OF BIRTH 1. STATE MALE 1. DETAIL OF BIRTH 1. STATE MOUNT OF DEATH 1. IN AME OF HOSPITAL NURSING HOME OF MARINDON, ONE RESEARCH EFFOR ADMISSION IN SOCIETY ON TOWN 1. STATE 1. STATE 1. DEATH AND MASSING HOME OF OTHER BISTITUTION, ONE RESEARCH EFFOR ADMISSION IN SOCIETY ON TOWN 1. STATE 1.	Table Tabl	DEPARTMENT OF HEALTH AND MENTAL HYGIEN ROCKISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIEN DEPARTMENT OF HEALTH AND	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH ROCATION ROCATIO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR REGISTRAR REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH ROCKICO DETAMINER'S CERTIFICATE OF DEATH REGISTRAR REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGIND MALE CAUC. SOATE OF BIRTH AS DELA CRUZ SOATE CAUC. OCT. 16, 1960 A BRITHPLEE STATE MALE CAUC. OCT. 16, 1960 A BRITHPLEE STATE A AGE WASHING BY SURGEST BY SUUDBER 24 HES ST. DATE SOATE CAUC. OCT. 16, 1960 A BRITHPLEE STATE MALE CAUC. OCT. 16, 1960 A BRITHPLEE STATE MONOTO DEATH IN NAME OF HOSSITAL NUSSING HOME OF HORSTITAL NUSSING H	DEPARTMENT OF HEALTH AND MENTAL HYGINE PORT DEPARTMENT OF HEALTH AND MENTAL HYGINE PORT POR

S COLLON SUBE

					STATE	OF MARYLAND			.000		75.4
400400	1.	FOR STATE		DEPARTM		ALTH AND MENTAL HYG	IENE 8	5 1	1	3 6	5 5
168128		REGISTRAR				CATE OF DEATH		REG. NO.			< 10
o n = 17		OR PRINT)	1	MIDDLE	1	ST	2a DATE OF	DEATH MONTH			HOUR
oy b	2.05		arles	7.	DOG	oc Jr.	4.465	06		5	PM
or. p	3. SE	MAIE	4 RAGE	TE	5. DATE OF	DAY YEAR	6. AGE (IN YE)	ARS LAST BIRTHDAY)	MONTHS .	DATS HO	URS MIN.
oge ones	7 0	MALL	WA	ILE	12	2426		38 YR			
7. 2 hg		RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	MARRIED	X NEVER MARRIED	9. BALTIMOR	E CITY OR COUN	ITY OF DEA	ATH	
deo deo		SHINGTON, D.C			WIDOWEL		11101	1900			MD.
d with	-	1		H FACILITY, GIVE STREET A		ROTHER INSTITUTION	12a. USUAL O	CCUPATION FOR MOST OF WORKING		JSTRY	JSINESS OR
by by		AL RESIDENCE (IF MURSING	HO L	4 CPOS	5 /	OSPITAL	STE	W FITTE	2	LOCAL	# 602
4 2 2 3	13a :	STATE 136	COUNTY	13c. CITY OR TOWN	V 1	134 INSIDE CITY LIMITS?		ODRESS / ZIP CO			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	RYLAND MO	NTGOMERY	SILVER S		YES XX NO		308 ELDR	D DRI	[VE	2090
1 持分分	14 17	FIRST	MIDDLE	LAST		FIRST		WIDDLE		LAST	
ot o	160.3	CHARLES VAS DECEASED EVER IN U.	S APAED EOPCESS	DODGE,		HELE 17 INFORMANT	N	G.			WENS_
Poges medic	. (ES. NO OR UNKNOWN) (IF	ES, GIVE WAR OR DATES)				-		1114		
e be cron frem	УE		WW II	579-40-8		OLIVIA DOD	GE S	SAME AS I		wif	
ficote pope novol		18 CAUSE OF DEATH (En PART I, DEATH WAS C	AUSED BY:	1 /		- Lan a	vvoc-		BE	APPROXIMATE TWEEN ONSE	11
rbon r rem		IMM	EDIATE CAUSE (o)	aracor	espir	ajory a	1167			mm	pa
tend re co on, o		Conditions, if any, whi		R AS A CONSEQUE		na					
emov motion		gove rise to immedia	te)	7		NW					
by the		couse (a), stoting t underlying couse to		R AS A CONSEQUE	NCE OF						
ned plec		PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION (SIVEN IN P	ART Iros	
n sign Then to bi	NO										
bee mit.	IFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20s AUTOF		YES, WERE		
The la	TIE	The state of the	1 -				YES 🗍	NO NO LIN CEN	YES		O D
hysicinosis Hyginal Hygin	CERTI	21a. ACCIDENT WAS UNDERLYIN			Y YEAR	21c. HOW INJURY OCCURR	ED (ENTERNATI	IRE OF INJURY IN ITEM	B PART I OR P	ART 2)	
SICIA ng pl certif unot-tentol	CAL	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OI DEATH		19						
PHYS ending this e bu	MEDICAL	214 INJURY OCCURRED	21e. PLACE (OF INJURY	RM FIC 1	211 LOCATION STREET		CITY OR TOWN	COU	NTY	STATE
offer os the sorked	~	AT WORK NOT WHILE						110			
NO IO OF OF SERVICE A SERV		220 I certify that (I) (this	0 11.3	e deceosed from	3	12.8 19.84	, to	6	1985		(I) (we) lost
CTO CTO G for 1 of h		sow the deceased of above, (1) (we) (did) (did)		after death.	_	that in (my) (our) opinion o	deoth occurred	on the dote and h	our and fro	m the cous	es stoted
OR DIRE	34	276. SIGNATURE	P		.00	EGREE ATTENDING	/ MEDICAL	STAFF	224.	DATESIC	ED
		uu	71/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	ma	n	PHYSICIAN D	DIRECTOR [PHYSICIAN		6/7/	85
O HOSPITAL etoined by 11 TO FUNERAL should be det with the State MAPORTANT:		22d. PHYSICIAN'S NAME		014		22e ADDRESS					
etoined TO FUNI should bi			ARON PRIMA			5454 WISCONS			CHAS	E, MAR	YLAND
	23a. E	URIAL, CREMATION, REMO SPECIFY) BURIAL				METERY OR CREMATORY	23d. LOCAT	RIOWN	COUNTY	050	STATE
BP		BUKIAL INERAL DIRECTOR F	6/11/		I. LII	VCOLN CEMETER		NTWOOD	1070 4040	.GEO	MD.
DHMH - 16 60M 7/B4		O UNIV. BLVD.	RANCIS J.	SPRINGS	1) 20		REC D. BY RE	GISTRAR 256, REG	Davidse	GNATURE	latte
(VRA 15, 4)	30	O GIVIV. DLVV.	, w., JILVLK	STRINO, M	V. 20	/01	N 1 3 1	35 Tuna	Patr (stor		

85. J. 37 in

Film G606 item 14, |- STATE 8/22/85 rja

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

85. 17586 >

	ALGIGINAL -								REG 0 10				o v	\$1		
	CEASED NAME	Feetif		AIDDLE	L	AST	MELL	2a. DATE O	F DEATH MO	NTH	DAY	YEAR	26 HOL	JR		
2 1110		Etta		S.	Dona	aldson			(5 -	04	-85	5:5	0 ам		
3. SE)	X		4 RACE		5. DATE C		45.40	6. AGE (IN	YEARS LAST BIRTHD	AY)	IF UND	DER I YEAR	IF UNDER	R 24 HRS		
3	Female	1	Caucas	ian	MONIH	_ 11	- 91		94	YRS		DAIS	NOUK3	ASTIN.		
7u. 81	RTHPLACE STATE	DEFOREGN.	76. CITIZEN OF	WHAT COUNTRY?	8	- University		9 BALTIMO	ORE CITY OR		Y OF D	EATH		15		
-	Virginia	1	USA		WIDOWE		VORCED [me	ntgom	erus	V	60.		MD.		
IR.CI	ITY OR TOWN OF	DEATH	LIF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)		TITUTION		OCCUPATION			L KIND C	F BUSIN	ESS OR		
Sa	ndy Spri	ngs	Friend	s Nursing	g Home	9			maker			Own 1	Home	0.0		
USU4	AL RESIDENCE (#1	HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	113. STREET	ADDRESS / Z	IP COL		><0	X	アミ		
Ma	rvland	1.1	tgomerv	Bethese		YES X	NO 🗌		East W			ohway	iz			
	THER'S NAME			EAST		15. MOTHER	S MAIDEN NA	ME				•	•			
	-James	.13	E.	Spence	r		Emma		WIDDIE			Pugl				
	VAS DECEASED EV			166 SOCIAL SECU		17 NEQRMA		P Ra	ird DDRESE	8110	hte					
()	YES, NO OR UNKNOWN	(IF YES, GI	E WAR OR DATES)	579-03-	6297		rnock.		114 - 1	uub	1100.					
		ATH CO.	1			KILING	I HOCK,	V CL 8	^			APPROX	IMATE INTE	RVAL		
1	PART I DEATH	+ WAS CAUSE	D BY:	CACDI	10 -R	E5011	PATO	e + +	HERE	51	-	BETWEEN	P	7		
T)	0.00	IMMEDIA	TE CAUSE (o)			1		-				/ -				
3			DUE TO, O	R OA CONSEQUE	32A	1. 10	SERP	207/	2			26	UV	5 -		
1	Conditions, if a		1p)	CFCE	76.7	-/-	FAF	,	5			6				
100	underlying couse last. Due to, or as a Dissequence of									404						
	(c) A. S. C. V. D											1/2-3				
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11D															
CERTIFICATION		DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206, IF YES, V								FC NAFE						
HCA.	INE DATE OF OPE	KATION	196. COND	HON FOR WHICH	OPERATIO	N WAS PERFC	DRMED	20a AUI				WERE FINDINGS USED ING CAUSES OF DEATH?				
RTI						In trace	THE PERSON NAMED IN COLUMN	YES 🗌	NO		ES 🗌		NO [
ALC: U.S.	21a. ACCIDENT WAS		110110 4		AY YEAR	TIE HOW IN	DURA OCCUR	RED LENGTE N	ATURE OF INJURY I	81 Matti	PARTIO	R PART 2)				
MEDICAL	(IF EITHER NOTIFY A	AEDICAL EXAMINE	P.		19				the second							
VED	214 INJURY OCC		21e. PLACE	OF INJURY	ARM IN	SIL FOCULA	ON.		CITY OF LOWN		C	OUNIY		STATE		
	AT WORK IN AT	HOUR [1]	1		1/-	-	00		1/1		_					
	220.1 certify that	- Craw Comment	1132	e deceosed from	1/2		10 8 0	10	6/4		. 19.0	3	thot (I)	wej fast		
/	See the See	did idid n	3 John bolo	ofter death	01 00	d that in my	(Dur) opinion	deoth occurr	ed on the dote	ond ho	ond ond	from the	favores of	oted		
1	27h SASWATURE	0 . 1	01	7		DEGREE					12	21. DAY	signed			
	1000	red a	F/10	erior.	- 0-	NO	PHYSICIAN	MEDICAL	STAFF PHYSICIAL	иП		6/4	418	8		
1	A PHILEICIAN'S	NAME (TYPE	OR PD	-		22e ADDRES					-	-	1			
	DON	ALD	R. L	EWIS	1D	04	NEY	Me	t. Z	08	32					
	BURIAL, CREMATIC	N, REMOVAL			NAME OF C	EMETERY OR	CREMATORY	23d LOC	ATION		COU	NITV		STATE		
	Burial		6/6/19	85 G	rant (Cemeter	У			G	ray			Va.		
24. FU	JNERAL DIRECTOR	?		ADDRESS	20. B	u 253	25a DAT	E REC'D. BY	REGISTRAR 256	REGIS	TRAR'S	SIGNAT	URE			
1	4. Day	d n	Wellen	2 R	JRQ1 K	etreat.	Vallille	TO 40	DE LE	Son	ind and	-Jan	dall			
		A														

DHMH - 16 60M 7/84

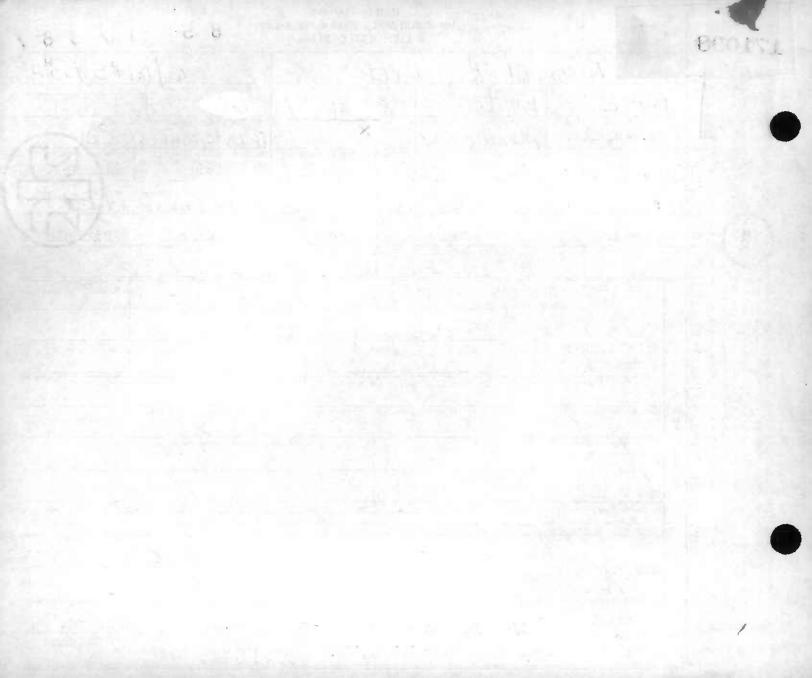
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 8FilmG604 6/21/85JAB

- STATE

(VRA 15, 4)



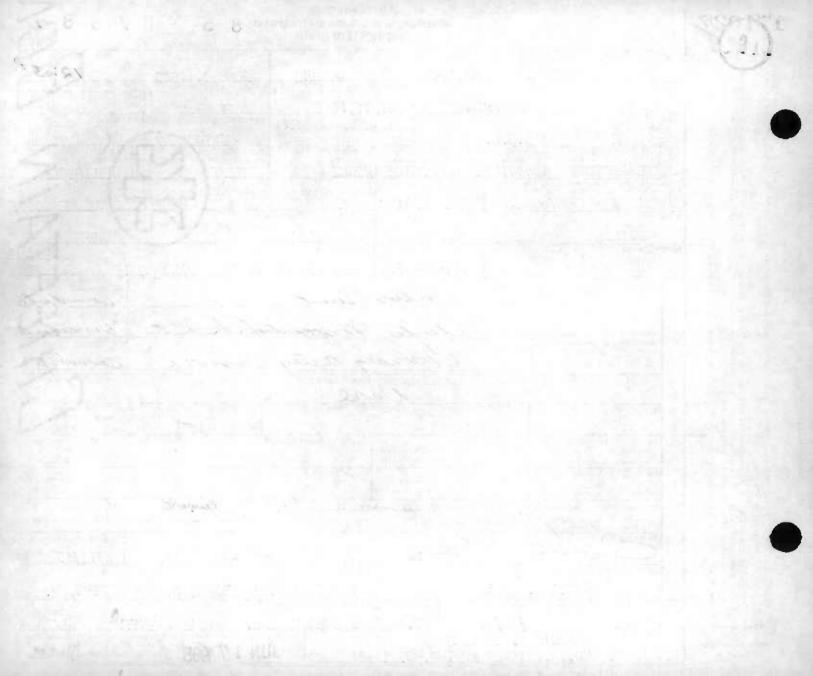
110	FOR	·22a 8/1/	85 17000	DEPARTME	NT OF HEAL	MAKTLAND) NTAL HYGIEI	NE				
11-	STATE REGISTRAR		ME		AMINER'S			12.	REG. NO.	1	5 8	8
	ECEASED NAME	E FIRST		MIDDLE		LAST	111111111	2a DATE I	KNOWN XX	MONTH D	AY YEAR	2b 🙀
		Richa	ard	I.		uffy		DEATH		6-2	7 19 85	3
SE	X	4. RACE	5. DATE OF BIRTH				UNDER 24 HRS	2c. DATE		MONTH D	AY YEAR	2d H
ļ	IALE	WHITE	MARCH 3,	1942	43 YRS.	INTO DATA	MIN.	DEAD	CED	6-2	7 19 85	5: p.
	OREIGN COUNTRY)	TATE OR	76. CITIZEN OF W	HAT COUNTRY	(? 8 MA	RRIED XX NEVE	R MARRIED	9 BALTIM	ORE CITY OR	COUNTY	FDEATH	
	MARYLAND		U.S.A.				DIVORCED	Mont	gomery	Count		
(ITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSI	NG HOME, OR C	THER INSTITUTION	ON 12a US	MOST OF WOR	ATION (TYPE O	FWORK 126	OR INDUST	
. (Onley				neral Ho	spital	C	HIMNEY	SWEEP			
USU 13a	STATE	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	13c. CITY OF	TOWN	13d. INSIDE CITY	LIMITS? 13e STI	REET ADDRE	SS			1904
1	MARYLAND	MONTO	GOMERY	SILVE	R SPRING	YESXX	NO 🗆	1811	BRIGGS	CHAN	EY ROA	D
6. F	ATHER'S NAME		MIDDLE	LAS		15 MOTHER'	S MAIDEN NAM	E	DDLE		LAST	
	BERN		F.		UFFY		MARY		R.		IVINS	;
	YES, NO, OR UNKNO		MED FORCES? WAR OR DATES)		SECURITY NO.	17. INFORMA			ADDRESS			
	M	VO		217-	36-7479	JOAN	I M. DUF	Fy	SAME A	S 13	u	ITFE
	18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly one cause per line								APPROXIMAT	E INTERVA
	TAK! I DE		TE CAUSE (a)	lchhol:	LSM				3			
	1		DUE TO, OR	R AS A CONSE	QUENCE OF				Pr.			
		ns, if any, which se ta immediate										
	couse (o)	stoting the under-		AS A CONSE	QUENCE OF							
	lying cau	se last.	(6)									
	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	AUT NOT RELATED	TO THE TERMINAL DIS	ASE OR CONDITION G	IVEN IN PART 1 (a).					
NO												
AT	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WH	ICH OPERATION	WAS PERFORM	ED?			2	0 AUTOPSY	?
CERTIFICATION	1 10		7 - 6-97								YESXX	NO [
ER		AL CAUSE WAS	21b. TIME O		210	HOW INJURY O	CCURRED LENTER	NATURE OF INJ	URY IN ITEM 18 PAR	RT 1 OR PART 2)		
	UNDERLYING	OR CAUSE OF		A. MONTH D	AY YEAR							
MEDICAL	21d. INJURY C		21e PLACE	OF INJURY (OCATION						
X	WHILE C	NOT WHILE (STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR TOW	VN .	COUNTY		STAT
						. []						
	22a. I certi	fy that I took char	ge of the remains de	scribed abave,	held an Aut	opsy XX , I	nspection	Inquiry	U. ond i	in my opinio	n	
	death result	ed fram: Natu	ral causes ,	Accident	, Suicide	, Homicide	e 🔲 - Unde	termined mo	nner .			
	ACTUAL	Mais.	- (A.	U/	0	TITLE (SPE				0.175		
15	SIGNATURE.	MUUM	re m	LIM		M.D.Assis	tant_ME	DICAL EXAM	INER	DATE SIGNED_	6-28-	-85
-	EXAMINER'S	NAME MOS	convita A	Vorcel	3 M D		111 Don	n C+	Palto	БМ	23.2	100
	(TYPE OR PRII	NT)	rgarita A.			ADDRESS	lll Pen		Dailo	., Ma	. 212	.01
23a.	(SPECIFY)	TION, REMOVAL	236 DATE		AE OF CEMETERY		Y 23d, L	OCATION	1111111	COUNTY	s	TATE
	BURI		7/1/85	GA	TE OF HE		SIL	VER ST		MOI		MD.
24	FUNERAL DIRECT	FRANC	CIS J. COL	LLINS		250	DATE REC'D. B	Y REGISTRAI	R 256. REGIST	RAR'S SIGN	ATURE	×
	500	UNTV BI VI	D. W. SILL	VER SPR	ING. MD.	20901	JUIO	1 1005	- dia	Tamban	٠ ۵ . ٠	00

delement of the second

500 UNIV. BLVD. . W. . SILVER SPRING . MD.

(VRA 15, 4)

STATE OF MARYLAND



		-9
	Ų	Office.
2120		100
N		0
RY LA	1	1
MA	1	tod.
AORE		4
É		3
BA		Scotte
2		Centr
510		eath.
900		the of
D1 W.		that
15		1
ORD		1000
SEC		3
T.A.		4
5		AN
OZ		SE
SIO		E
DIV		DING

70€	52	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG		7 5 9	9 0
E 40			CEASED NAME	LTON		J.	9	CAN	20. DATE OF DEATH	6	VEAR 21	7 PM
ge + may ector, po or ofter d		3.5E	MALE	4	RACE WHILTE	3	5. DATE O		6 AGE (IN YEARS LAST			FUNDER 24 HRS
need do	35		RTHPLACE (STATE OR COUNTRY) MARY LAN		U.S.	WHAT COUNTRY?	8 MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY		MD.
by the to	90	10. €	ROCKVILLE	ATH	LIE NIGO INLEANS	HOSPITAL, NURSIN HEACHTY GIVESTREET DNAL DUTH	+ DODECC)	OR OTHER INSTITUTION NHOME	126 USUAL OCCUP	ATION STOF WORKING LIF	126. KIND OF E	JUSINESS OR
alled in	35	130 13a. S	AL RESIDENCE (IF NURS	TS COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOW BALTIM	'N	13d. INSIDE CITY LIMITS? YES NO		S / ZIP CODE		204
B)	300		GEORGE	W		DUNCAN		15 MOTHER'S MAIDEN NA FIRST MAGDALEN	A MIDDLE		WESS	
Page 1	2	16a \	NAS DECEASED EVER		MED FORCES? WAR OR DATES)	216-05-		REV.DR.RICH		DRESS LRD- NLI		
physics on popular	emoral event, th		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	BY.	line far (o), (b), an	lac	anes	9		APPROXIMA BETWEEN ONS	THS
gried by the ottendan	burial, cremation, or ry, or other traumatic		Conditions, if ony gave rise to important cause (a), static underlying cause	mediote ng the last	(b) DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO	ENCE OF	Levolic p	HELT D	sloa ONDITION GIV	10 .	m/s
in. Sos been of	are prior to	TIFICATION	9a DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES OF	S USED F DEATH?
physics	9	AL CERTIF	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART (OR PART 2)	
the state of the s	and Me	MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211 LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
TOR AN	of Health 21 is mar	3	22a.1 certify that (1) saw the deceas obove, (1) (was)	this hospital	Man	31 19	F. 5-1.	and that in (my) (pur) opinion	deoth occurred on th	e dote and hou		at (1) (lost uses stated
by the has	State Dept.		22b. SIGNATURE	es	PRINT)	-Car	m	DEGREE ATTENDING PHYSICIAN 1226 ADDRESS	MEDICAL STORES	TAFF SICIAN 🗌	6 - 2-	GNED - 85
TO FUN	IMPORT	22-	HAROL BURIAL CREMATION	DF	- ME	CAN	NAME OF	3355-164	123d LOCATION	WAS	y.D.C.	20010
BP	50M 7/84		BURIAL, CREMATION, (SPECIFY) BURIAL UNERAL DIRECTOR NAME	REMOVAL	JUNE 9			Y VALLEY MEM.	CITY OR TOWN	RYSVIL	RAR'S SIGNATUR	
(VRA)			THE HYSON	G COMP	ANY, INC		ST.,	NW WASH. DC	2 1 1905	grana the	widson-Nan	à

VOC EMPRODUCTION XX XX HOTELSTON OF THE CO. HATTING STEAM SMOUNT FASTERIA LATTING SLITT DOS THEOREM SALTINGS WITHOUT XX STRIPTING STRIPTING BERNELL S -- ANS INCOME BY FIRE MY STEEL SORORE PIN-PERROR TEV. V. . CORANT EN CHARGE ALM - ROCK FARS, M. on I all THE S. 1985 HEALT S. 1985 HEALT WILLIAM STATES OF THE STATES HARVASIA TICT HYSONS CO'S ANT, INC.-1300-H ST., NA WASS., DO ... STAND ...

		FOR			DEPARTME		MARYLAND H AND MEN	TAL HYGIĘI	NE	2 "	g 40	7) 1
189114	23	STATE REGISTRAR		ME		AMINER'S	CERTIFICA	TE OF DE		REG. NO.	3	7
H 4 5 5 5 F		CEASED NAME OR PRINT)	Iren	e Jar	MIDDLE		Dunn		2a. DATE KI OF DEATH A	NOWN OF MORESTI-	27 10	YEAR 2b. HOUR
SARY, PLEASE AL DIRECTOR. YOUR FILES. III 72 HOURS	3. SE)	ale	4 RACE White	5. DATE OF BIRTH	6. A	GE (IN YEARS AST BIRTHDAY) MO	JNDER 1 YR. IF I	UNDER 24 HRS	PRONOUNCE DEAD	MON CED	TH DAY	YEAR 2d. HOUR
SSARY SSARY R YOU HILL 7	70. BI	RTHPLACE (S		7b. CITIZEN OF W		2 8				RE CITY OR CO		ATH
NECES.	FO	N.Y.		U.S.	Α.	WIDO	RIED NEVER	IVORCED X	Mon	tgomer	v	MD
AV IS PAGE 3	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			THER INSTITUTION	N 12a. US	SUAL OCCUPA R MOST OF WORKI	TION (TYPE OF WO	RK 112b. KIND	O OF BUSINESS
A Part			rsburg	407 Rus			307		Ret	ired	Boo	kkeeper
	Ha. S	larvla	13b. COUN		13c. CITY OR	town hersbur	13d. INSIDE CITY L	IMITS? 13e. ST	Gaith	407 Ru	ssell	Ave. 20877
MD. 2	14. FA	THER'S NAMI		MIDDLE	David		CIDET	maiden nam zabeth	E		Busby	
BALTIMORE URS AFTER DI B. GIVE PAGE WITH FORM PAGES DIVISION OF	16a. V		DEVER INTLES AD	MED FORCES? WAR OR DATES)		SECURITY NO. 3 4940	17. INFORMAN			Gaith	41 St	onewgod 20877
RECORDS, 301 W. PRESTON ST., ILD BE EXECUTED WITHIN 24 HOL PENDING" IN PENCIL IN ITEM 18 F MEDICAL EXAMINER ALONG IN ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D ***REMATION.OR REMOVAL.	z	Canditia gave ri cause (a lying cau	ns, if any, which se to immediate stating the <u>under</u> se last.	TE CAUSE (a) DUE TO, OR	AS A CONSEQ	LEROY UENCE OF		RDIOL	ASCUL	AK DEG	10	EN ONSET AND DEATH CUTE NOCE
HALRECOR HOULD BE IN THE WENDING CHIEF MEDING OF HEALTH	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHI	CH OPERATION	WAS PERFORMED	D?				ITOPSY?
CERTIFICATE STING THE WODED TO THE AS SHOULD BE DE AS SHOULD BE DEFAMENT PRIOR TO BURK	MEDICAL CERT	UNDERLYING CONTRIBUTI 21d. INJURY C	NG CAUSE OF	DEATH P.M	MONTH DA	YEAR 19 6	HOW INJURY OC OCATION STREET	DEAD	LITY OR TOWN	Sea		STATE
TO MEGICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WAIL PAGE 4 SHOULD BE FORWARD TO FUNERL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE DATH WITH THE STATE DATH WITH THE STATE DATH OF THE DATH OF THE STATE DATH OF THE STATE DATH OF THE STATE DATH OF THE STATE DAT		22a. I certi death result SIGNATURE EXAMINER'S (TYPE OR PRI	fy that I taak charged fram: Neto	ge of the remains des	cribed abave, h	eld an Auto	ppsy , In Hamicide TITLE (SPEGM.D. ADDRESS ST	spection , Unde	Inquiry [etermined man	and in m		NT /130/85
Bb PAG PAG A	1.5	JRIAL, CREMA PECIFY) Burial	TION,REMOVAL	7-1-85		e of CEMETERY klawn	or crematory Mem. Pa	rk 23d. L	OCATION YORTOWN DCKV1]		Marv	state
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. FI	JNERAL DIREC	tor leelerFi	ınera1ºººººº	1331 R	ockvil ckvill	le Pike			25b. REGISTRAF		

BOLL CHEST ATOMO ONO OMOTE TO LOUI B B COME CLOSE.

variation () terenthous to the color to the first the sent the sent teres. - A - Commission of the Commis extel discount a. Susby w

. avi ffessin Th

College of the Colleg

MUNICIPAL THULL

bunkyini (6-A-3) agamatan ata anta karaga 6-A-6 Labur Trees arouter many dome need to be and the

24 FUNERAL DIRECTOR Funeral SErvice 7400 Ga., AVe.

164035

DHMH - 16 50M 4/B3 (VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

7h HOUR

12h KIND OF BUSINESS OR

NO T

STATE

IF UNDER 1 YEAR

COUNT

INDUSTRY

Reauzile

YES [

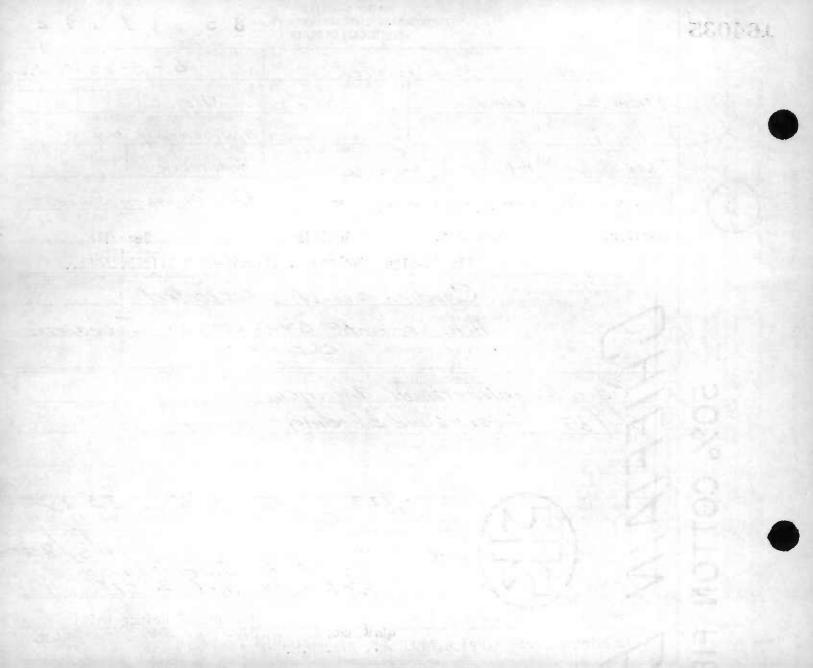
Port of Prince Haiti

ISTRAR 256 REGISTRAR SEIGNARD

COUNTY

IN DATESIGNED

IF UNDER 24 HRS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REG. NO.		
WIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
M.	Dyson	05	/31/85	6 P M
4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS
Negro	01/15/97	88	YRS.	HOURS MIN.
76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	
USA	WIDOWED DIVORCED	■ Montgome	ry	MD.
				OF BUSINESS OR
		School Teac	her DC Pi	ib School
ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	13a STREET ADDRESS	4	4461
		2101 16th S	treet . N. V	5
	15 MOTHER'S MAIDEN		. = /	
MIDDLE			LAS	ST
RMED FORCES? 166 SOCIAL SEC		ADDRESS	2),7 Samana	+ D7 35
	OFT O Hugh E Ion	A Nombers III	241 politer.se	PL, NW
		les, Mebriew, Wi		
ED BY:	1 -		BETWEEN	MATE INTERVAL ONSET AND DEATH
TE CAUSE (a) Cand	luc arriot		ins	reder-le
(16) ARTERI	OSCLEROTIC HE	ART DISERS	E UNK	noun
DUE TO, OR AS A CONSEQU	JENCE OF			
(c)			100	
CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	a
196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDE	VGS USED
Execution ()				OF DEATH?
21b. TIME OF INJURY	21c HOW INJURY OCC			140
AIII	DAY YEAR	- Terretaine or moonly in	THEM TO TAKE I OKTAKES	
	19			
		CITY OR TOWN	COUNTY	STATE
foll attended the decepsed fram,	MAY 13 19 85			that 🛹 (we) last
	, and that in (my) (pur) opinic	on death occurred on the date	and haur and fram the	causes stated
2 - 200.0	DEGREE		22c DATE	
too mo	M.D. ATTENDING	MEDICAL STAFF	5-	31-85
OR PRINT)	00. ADDDECC -			
II TELL MA				
	M. 4 RACE Negro 7b. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREEL CARRIAGE Hill ROTHER INSTITUTION, GIVE RESIDENCE BEFORM MDDIE LAST RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) DUB TO, OR AS A CONSEON (c) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO RENAL 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH (IN) 21b. TIME OF INJURY HOUR A.M. MONTH (IN) 21c. PLACE OF INJURY ATH P.M. 21c. PLACE OF INJURY ATH HOUR A.M. MONTH (IN) 21c. PLACE OF INJURY ATH HOUR A.M. MONTH (IN) 21c. PLACE OF INJURY ATH HOUR A.M. MONTH (IN) 21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	M. Dyson 1 RACE Negro 7b. CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carriage Hill Nursing Ctr. ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS: Washington 15 MOTHER'S MAIDEN RAMED FORCES? VEW AR OR DATES) NO DISTINATION NITY OF THE PROPERTY OF THE PROPE	M. Dyson 1. RACE Negto S. Date of Birth Negto S. Date of Birth Negto O1/15/97 88 Negto O1/15/97 98 Negto O1/15/97 98	M. Dyson 1. RACE S. DATE OF BRITH

23¢ NAME OF CEMETERY OR CREMATORY

Harmony Memo Park Landove:
1432 You ST., NW 256. DATE REC'D. BY REGISTRAN
Phington. D. C. JUN 12

23d. LOCATION

COUNTY

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

23a. BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

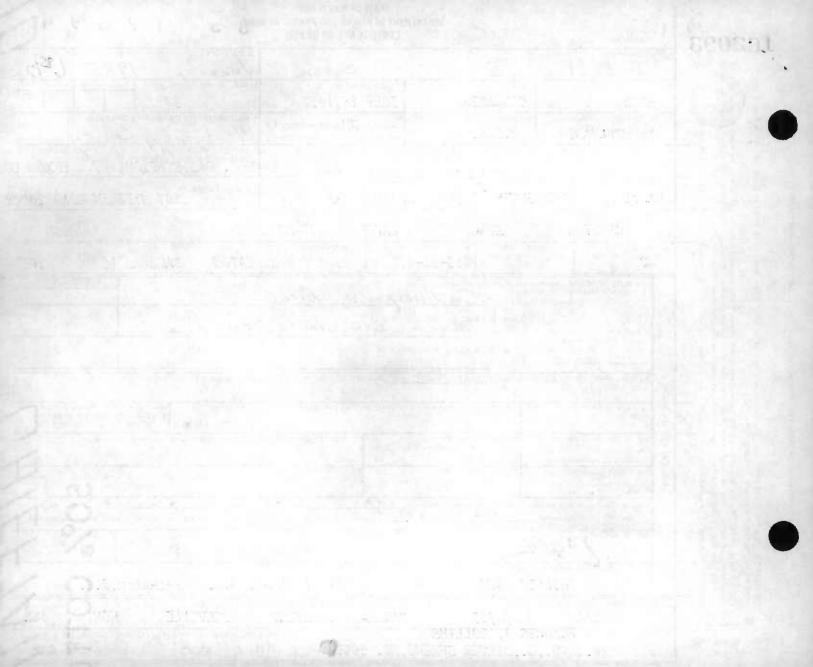
23b. DATE

4 Jun 85

Erriest Jarvis Co., Inc., Washington, D. C.

	S . D . TH. T.				170116
					,
					7554
					X-13
A III THE CAMPAGE T	dus person				
I the Manual				7.9.4	
lin's some of the	Liebe, al les		The state of	100	
.)	768 675 1 4)T - 11-		10	
		and the same of			
		No.			
			and the same	100	
			2 made of		
	Ą	2511		Hedens .N	

						STAIL	OF MARTLAND						
182993	1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTA ICATE OF DEATH		0 3	EG. NO.	1	5 9	9
* or over		CEASED NAME FIR		E	MIDDLE		Eaton		une	3,	19	85	(25/p M
ge 4 mo	3. SE	MALE		CAUCAS		JÜLY	14, 1927 YEA	AR	AGE (IN YEARS)	57	YRS.	ITHS DAYS	HOURS MIN.
deoth Po		RTHPLACE I STATE OR FOREK	SN 7	U.S.A	• WHAT COUNTRY?	8. MARRIEI WIDOWE	DIVORCEI		Mon-		/	Bun Ly	MD.
the dwit	10 CI	ver Spring		HOL HOL	HOSPITAL, NURSIN		PI LOSTITUTIO	12	TYPE OF WORK FOR	UPATION MOST OF WOR	TION	INDUSTRY	BUSINESS OR CO
filled in ould be	USU, 13a S Ma			MERY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIM YES NO	ITS? 13	e. STREET ADD	RESS 2707	WISE	MAN RO	AD 20902
MARYL.		CLAYTON		STA		EATO		NNA	MIC	DOLE			RSH
be executed and a second and and a second and a second a	16a. V	VAS DECEASED EVER IN L		MED FORCES? WAR OR DATES)	213-22-4		DOROTHY	E. 8		SAM	E AS		WIFE
rtificate physicis physicis proper pr		18 CAUSE OF DEATH (E) PART I. DEATH WAS (CAUSED	y one cause per BY: CAUSE (a)			tors Arra	est				BETWEEN ON	ATE INTERVAL ISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retrificate by sisterior. Wher this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages—and—should be filled in by as the buriol-transit permit. Then please remove carbon papers. Pages—and—should be filled in by and Mental Hygiene prior to buriol, cremation, or removal.	NO		ote the ost.	DUE TO, OI	r as a conseque	NCE OF	EVALUATED TO THE				DN GIVEN	IN PART 1(0)	
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	1	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY	IN	LIF YES, W CERTIFYIN YES [VERE FINDING	S USED F DEATH?
I OF VITA		216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	E OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE	OF INJURY IN	TEM 18 PART	1 OR PART 2)	
IVISION JG PHYS offer this of the bur hond Me inked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE ((AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC)	21f. LOCATION STREET		Cit	Y OR TOWN		COUNTY	STATE
ATTENDIA spital or CTOR: Af for use of Health		220.1 certify that (1) (this saw the deceased of abave, (1) (we) (did) (live on _	6	19 8	6 - 2 5 . an	d that in (my) (our) o	pinian dec	, taath accurred an	the date o	17.	-	at (I) (we) last uses stated
TAL OR A Y the hose RAL DIREC detoched fore Dept. VI. If them		226. SIGNATURE	2/4	_		(DEGREE ATTEND PHYSIC	ING	MEDICAL DIRECTOR P	STAFF HYSICIAN		22¢. DATE SI	GNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store			ILLI	PRINT)			22e ADDRESS 818 18t				ngton	,D.C.	
BP	{	URIAL, CREMATION, REM SPECIFY) BURIAL		23b. DATE 6/6/8	5		AWN CEMETE	RY	ROCKV	TLLE		MONT	MD.
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR FK			OLLINS ER SPRING	, MD.		JUN	6 19			r's signatui	



172063	FOR STATE REGIS				DEF	ARTMENT OF		ND MENTAL HY	GIENE	5 REG	NO.	7 5	9	5
	I. DECEASED	NAME	FIRST		MIDDLE		LAST		20. DA1	E OF DEATH		DAY YE	EAR 2t	b. HOUR
hoy be	(TYPE OF PRINT)		LILLIA	AN I	Η.	EICHE	LBERG	ER			6-	16-8	15	0436
tor, poi	3. SEX			4. RACE		5. DATE	OF BIRTH	Y YEAR	6. AGE	(IN YEARS LAS	T BIRTHDAY)	IF UNDER I		FUNDER 24 HRS
ector of a state of the state o	fema1	e		White	1100	Dec	23		8		YRS			
h. Po	7e. BIRTHPLA COUNTRY)	CE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUN	NTRY? 8. MARRI	ED & NEV	ER MARRIED	9. BALT	IMORE CIT	Y OR COUN	TY OF DEA	TH	
death.	Maryl			U.S.A		WIDOW		DIVORCED		Montgo UAL OCCUP	mery (ME BUSINESS OR
and the second	Rockv	ille		SHAD	CH FACILITY GIVE	URSING HOME ESTREET ADDRESS)	LUEN	Stist Ho	(TYPE O		OST OF WORKING	LIFE) INDU	stry yn Ho	
700	13e. STATE		13b COUN	OTHER INSTITUTION TY	13c. CITY OF	E BEFORE ADMISSION		DE CITY LIMITS?	13e. STF	REET ADDRE	SS			
2 = 6	Maryl		Montgo	mery	Gait	hersburg		NO 🔀		07 Rus	ssell i	Ave., A	(ptl)	LO-2087
d 2 2 see a	4. FATHER'S	FIRST		MIDDLE	LA		IS. MOTH	FIRST	AME	MIDDI	LE		LAST	
omple comple	Edwar			MED FORCES?		ffman L SECURITY NO.	17 INFO	Julia		A.	DRESS	M	Misr	ner
ond oges, edic		R ONKNOWN)		WAR OR DATES)					-1-11				117.0	
be be						10-8621	1 0.	Frank Ei	cnel	bergei	- Sar			TE INTERVAL SET AND DEATH
ficate ficate paper pape	IB CA	RT I. DEATH V	WAS CAUSED		ocal	o respi	arito.	n Aco	-4			BET	WEEN ON!	SET AND DEATH
certi ring p r ren ric ev			IMMEDIATI	E CAUSE (o)	CATIAI	V	Caro	9 1011	SZW.					1111
sign tend we ca an, o	Cond	itions, if on	v. which	DUE TO, C	RASA CON	SEQUENCE OF	alin	Foretic	77 -				60	lay =
ot the d by the a se remai	gave	rise to im (a), stati lying caus	mediate ing the	DUE TO, C	RAS A CON	SEQUENCE OF	I Ac	tecins	160	-1-			54	leac.s
on the se the se the plecountries of the second sec	PART	OTHER SIG	NIFICANTO	ONDITIONS C		G LO DEATH BU	T NOT RELA	- 700			ONDITION C	SIVEN IN PA	RT 1ro	
KDS, equir equir Then To b injury	NO	weers	tensio	4. R	enal.	failure	CE	re bro u	uscu	clas	accia	dent.		
The law rician. The has bee isst permit. giene priag	CERTIFICATION OF 12 DA	TE OF OPERA	NOITA	19b. COND	ITION FOR V	VHICH OPERATION	WAS PE			AUTOPSY?	IN CER	ES, WERE F TIFYING CA YES	USES OF	S USED F DEATH?
ICIAN: TI g physicia ertificate ial-transii ntal Hygi	00.00.		CAUSE OF DEA	TH HOUR A		H DAY YEAF	21c. HOV	W INJURY OCCUR	RRED (EN	ER NATURE OF	INJURY IN ITEM 1	B PART 1 OR PA	RT 2)	
UG PHYS offendin ter this c s the bur rked or it	WHILE AT WOR	JURY OCCUP	VHILE		OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC	21f LOC	ATION TREET		CITY 0	OR TOWN	COUN	ITY	STATE
ATTENDIN spital ar CTOR: Af I far use a I far use a	so	w the deceo	sed alive	ol) offended the	15		ond that in (my) aur) opinion	death oc	curred on th		our and from	m the cas	
TAL OR / y the ha RAL DIRE detached ore Dept		SNATURE	dus	SOV	nos		MD	ATTENDING PHYSICIAN	MEDI	CAL STOR PH	STAFF YSICIAN [22c.	5-16	S-87
TO HOSPITAL retained by th TO FUNERAL should be determined the Store IMPORTANT: IMPORTAN	الأ	imes	R.)	MOOS	0 Vr	ŧ	22: ADD	7 Broo	hes	Aus	Gari	4655	ьи.	y his
25 - 4 > 7 1	(SPECIEV)	CREMATION	, REMOVAL	23b. DATE	100	23c. NAME OF	CEMETERY	OR CREMATORY	23d	CITY OR TOW		COUNTY		STATE
BP	Entom		1.2	6-19-				usoleum	TE DECID	Balto		CTD A DIG CI	0.17=1:=	Md.
DHMH - 16 50M 4/82	24 FUNERAL	AE	1000	al und		DRESS 1050 Y			I REC'D.	O 400	RAR 25b. REG	ISTRAR'S SIG	SNATUR	E
(VRA 15, 4)	Ruck	Towson	Funer	cal Home	e, Inc	. Towsor	1,Md.2	1204	OIA T	0 198	5	WRITER	m-10	ndelle

	No. 17 April 19 Contract of the Contract of th	, caa
08/0/23/2		
Laleston I	THE RESERVE THE TRANSPORT A STATE OF THE PARTY OF	
The street was		
8		
a layer		
COUNTY I	and the state of t	
3	da vastu entre se de la transferior de la composition de la composition de la composition de la composition de La composition de la	
18 O T 18	at with a second of the second	
8-0/10	MARINE RESIDENCE CONTINUES OF THE SECOND SEC	
Marie State	Wash of reasons the little sept a net (1 14 marks)	
	- country of males per restriction of the country of the country of	
	1050 lork Id.	

in by the funeral director be filed within 72 haurs off

moy be page

4		1
2		
KTLA		
W.		1004
A OKE		0
		4
., BA		, v
2		9100
CESTO		Jones.
2		4
2		.ho
JKDS, Z		200000000000000000000000000000000000000
KEC		-
AL		Tho
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21		ATTENDING DIVELLIANT The Land of the dead
2	ĺ	CINICINATI
		<

		FMARYLAND	
DEPARTME	NT OF HEAL	TH AND MENTAL	HYGIENE
	CEDITIES	TE OF BEATH	V

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

,	REGISTRAR			CERTIF	ICATE OF DEATH	REG	. NO.		A		
	CEASED NAME FIRST E OR PRINT) RUTHE	В.	EMLE		ASI	JUNE	21.	1985	26. HOUR 11:00 A		
3. SE	× FEMALE	4 RACE	10)	5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DA			
"111111				API	RIL 19, 1926	59	YRS				
	PENN .		75 CITIZEN OF WHAT COUNTRY? USA		D NEVER MARRIED DIVORCED	9 BALTIMORE CIT	GOMER		MD.		
DERWOOD 194			Muncas te	r Roa	or other institution ${f ad}$	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME					
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF 130 STATE 130 COUNTY MONT.			DERWOOD		13d INSIDE CITY LIMITS? YES NO 3	ER ROAI	ROAD 20855				
14 F.	WYNN WYNN	MIDDLE	HENDERSH	ют	15 MOTHER'S MAIDEN NA	MIDDI	٤	BANE	LAST		
	WAS DECEASED EVER IN U.S. YES NO DRUNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	172-20-1		ROBERT J. E		DRESS TE AS #	#13			
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	USED BY: DIATE CAUSE (a)	113/ - //.	1gt	so physical	Varice)//	BETW	ROXIMATE INTERVAL FEN ONSET AND DEATH		
	Canditions, if any, which	(6)	Metas	alli	c (d. /	Tall bla	does		Lur		
	gove rise to immediate cause (a), stating the underlying cause last	the second secon	R AS A CONSEQUE	NCE OF				1			
TION	PART 2 OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE							SIVEN IN PAR	Tho		
CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHI			OPERAŤIO		200 AUTOPSY?	IN CER	TIFYING CAU YES [NDINGS USED SES OF DEATH? NO		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 1	B PART I OR PART	2)			
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE		

21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY NOT WHILE

22a. I certify that (1) (this hospital) 95 and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated

DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 6-21-85

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Daniel Anderson OLNEY, MD.

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL JUNE 24,1985 23¢ NAME OF CEMETERY OR CREMATORY LAYTONSVILLE

20832 23d LOCATION LATTONSVILLE

MD STATE MONT.

24 FUNERAL DIRECTOR FRANCIS H. BARBER

LAYTONSVILLE, MD. 20879

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

ina Lieu doon-Randage

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital

BP

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remave carbon papers. P with the State Dept. af Health and Mental Hygiene prior ta buriol, crematian, or removal.

injury, or other traumotic

m 8 shaws

ö

If Hem 21 is marked

IMPORTANT

	30 Fre
After the same of the same and	
Estinos . Movembro . M	
The second secon	

DHMH - 16 60M 7/B4 (VRA 15, 4)

CREMATION

FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD. W., SILVER SPRING, MD. 20901

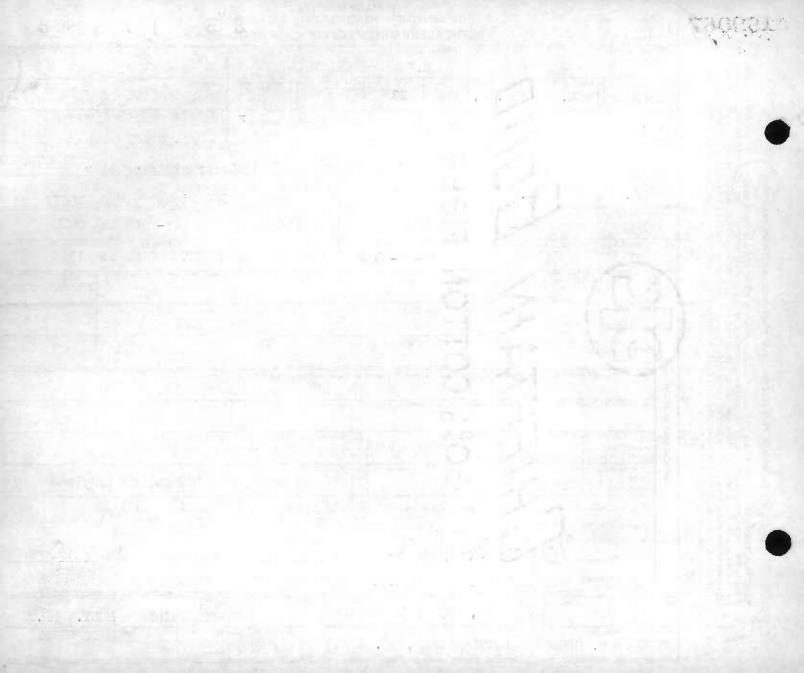
ALEXANDRIA

METROPOLITAN CREMATORY

VIRGINIA 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE relia Devidson-Randall

1	59067	1-	FOR STATE REGISTRAR			MED				ERTIFICATE		ATH	REG.	NO.	15	9	8
	3 英型電車		CEASED NAMPE OR PRINT)		NRICO		B.	[LBRECHT			KNOWN ESTI- MATED		1-85	YEAR	₹ 2b. HOUI
	DIRECTO DURECTO OUR FIL ON STRE	4 2.	IALE	CAUC.		16°,19	62 ^x	AGE (IN YEARS LAZ ARTHDAY) YRS.	MONTHS		ER 24 HRS	2c DATI PRONOU DEAI	NCED D	6-1	1-85	YEAR	9:15A
•	S FOR WITH WINDS	Ē	PHILIPP	INES	PH	N OF WHA	PINES	_	VIDOWE					Y OR COULT OR COULT OF WORK			M
6	PAGE 15	1/5/1	01ney		(IF NOT MONT	gomer	y Gen	ieral H	ospi	tal	FOR	MOST OF WO	RKING LIFE)	Assemb	OF	SECEC	USINESS TRONI
- Control		13a. S	MD.	13b. S	MONT.		13'DAMA		1:	36. INSIDE CITY LIMITS	X 10	500 N		lby Wa	ay 2	20872	2
ORE, MC	OK PETER	I	EDRO		MIDOLE S. ARMED FORCE		CLA C	RUZ	21	5. MOTHER'S MA LUCI 7. INFORMANT	LA	E	ADDRE	DE I	ia (CRUZ	
BALTIM	S AFTER GIVE PA GIVE PA GIVE PA PAGES I	160.	NO OR UNKNO	OWN) (#FYES	S, GIVE WAR OR DATE	5)	218-	-98–938		GERALD	ENGEL	BRECH		SAME A			
RESTON ST	HIN 24 HOUR IL IN ITEM IB ER ALCING W NSIT PERMIT I HYGIENE D EMOVAL	1	8/5	EATH WAS CA EMMI	eDIATE CAUSE (DUI	_{o)} Mult	iple	injuri	es						BETV	PPROXIMAT WEEN ONS	TE INTERVAL ET AND DEATH
RECORDS, 201 W. PRESTON ST	D BE EXECUTED WITHIN 241 PENDING" IN PENCIL IN ITE MEDICAL EXAMINER ALCIN AS A BURIAL - TRANSIT PE EATH AND MENIAL HYGH CREMATION, OR REMOVA	No.	cause (a lying ca		nder- DUI	c)		EOUENCE OF	L DISEASE C	OR CONDITION GIVEN II	PART 1 (g).						
VITAL RECO	马生用品工工工	CERTIFICATION		F OPERATION AL CAUSE WA	1	CONDITION TIME OF II	Ø.			S PERFORMED?					,	AUTOPSY YES XX	(? NO □
DIVISION OF VITAL	IS CERTIFICATE SHOWING THE WOLD REDED TO THE CHE GETS SHOULD BE USED REPARTMENT OF 201 PRIOR TO BURLA	MEDICAL CE	UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK	G NOR	E OF DEATH 6	30AW	MONTH C 6-11-	AT HOME.	cupa 211 LOCA	nt of ar	auto	in c	ollis	sion v	with		US
•	CAL EXAMINER: TH THE CERTIFICATE, W SHOULD BE FORWA ENAL DIRECTOR: PA SATH, WITH THE STA PRE, MARKEND, 21			ify that I took of ted from:	charge of the rer	noins descri		7	Autopsy le ,	Homicide TITLE (SPECIFY)	, Unde	Inquiry	oanner [ond in my o	opinion	-12-	85
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTE DEATH, BALL MORE,	22.0	EXAMINER'S (TYPE OR PRI		argarita					DDRESS		Stree	et				
07/B4 25M	BP	(:	BURIA	L	JUNE	17,19	98 ^{23t. NA}	AYTONS	VILL		I	AYTON		LE I	MONT.		D.
	DHMH - 17 (VR A15 ME (5))			H. BARI	BER LA	YTONS	SVILLE	E, MD.	2087			4 198	5 90	w Davi	400V-	in a	OK.

STATE OF MARYLAND



- STATE

REGISTRAR

(SPECIFY) Burial

24 FUNERAL DIRECTOR JOSEPH Gawler's Sons Inc.

ash. D.C.

"5130 Wisc. Ave., N.W.

182106

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE 85, and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED PHYSICIAN CORRECTOR PHYSICIAN 23d. LOCATION Gate of Heaven Cemetery Sflver Spring Maryland. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE wie Davidson

Own Business

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

McGuffie

CORE TY LEGG

Continue no cast to the continue of the contin

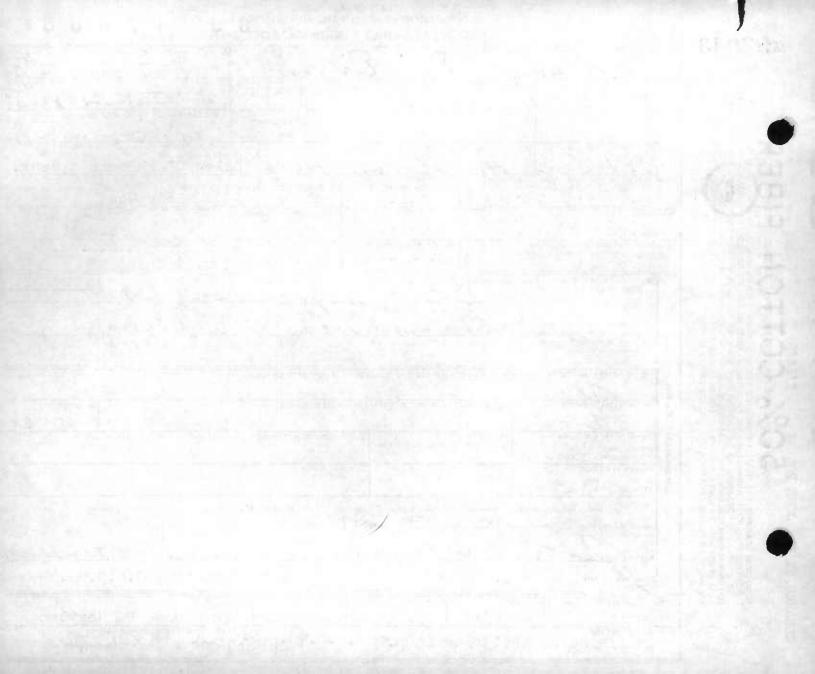
unded to the cate of Bonven Lundtory Silver price Surgland.

, on I show a to Lame most con-

Place Note, Note, and the public of the publ

mode in Armall Arganol Smoll To the Event I

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

5	1	7	6	0

		REGISTRAR			CERTIF	ICATE OF L	EATH	REG	3. NO.					
		CEASED NAME FIR	est	MIDDLE	ι	AST		20 DATE OF DEAT		DAY	YEAR	26 HOUR		
V	(ITPE	NEVI	LLE	E	FAF	RRELL		1000	6	20	85	10:06 PI		
	3. SE	X	4 RACE		S. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)		RIYEAR	IF UNDER 24 HRS		
	7.1	Female	Whi	te	Sept		1897	87	YRS.	MONTHS	DAYS	HOURS MIN.		
7		RTHPLACE (STATE OR FOREK		WHAT COUNTRY?	8	D NEVER		9. BALTIMORE CI		TY OF DE	ATH			
/		Wash. D.C.	r	ISA		D XX DI		Montgo	merv			MD.		
in		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INS		12a. USUAL OCCU	PATION		126 KIND OF BUSINESS OR			
7	30	Olney	Montgon	Montgomery General Hospital					ost of working naker	LIFE) INL	own home			
1	USU	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	1				L. CERSES ARRES						
O	130M	laryland life	ont gome ry	Woodbine		13d INSIDE C	NO []	136 STREET ADDR				21797		
-	14. F.A	THER'S NAME		7		- 44	MAIDEN NA	117508 Ti	merlei	gn w	ay			
O		Wflliam	M.	Erski	ne	A	nna	MIDE	·tE	Fr	edri	ck		
1		VAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	A	DDRESS					
	0	YES, NAPHUAKNOWN) (IF	YES, GN A OR DATES)	577-24-5	034	Lynn F	aulcone	er-Gr-nie	ce-(sam	e as	13e	2)		
	H	18 CAUSE OF DEATH (F)	nter poly one couse per	line lor (n) (h) and	licu	,						MATE INTERVAL DINSET AND DEATH		
		PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: DEATH WAS CAUSED BY: DEATH WAS CAUSED BY:									immedial			
E L		IMMEDIATE CAUSE (0)												
ın	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF													
xaminer														
EX														
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I										PART 10			
cal	O													
5	CERTIFICATION	190 DATE OF OPERATION	1 195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO							
Medi	IF													
5	CER	21a. ACCIDENT WAS UNDERLY				21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF		PART I OR	PART 2)			
Ω.	14	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH DA	Y YEAR	M. REF								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATIO	N				YTAU			
Approved	2	WHILE NOT WHILE	[AT HOME STE	REET, FACTORY OFFICE FA	RM ETC)	STREET		CIIA	OR TOWN	(0	UNIT	STATE		
ro		220.1 certify that (I) (this	hospital) attended th	e deceased from	J	an. 24	19.84	June	20.	. 19	85	that (I) (we) last		
pp		sow the deceased of	ive on April	30 19 8	5 or	nd that in (my)	(our) opinion	death accurred on t	he date and he					
A		obove)(I) (we) (did) (did not) view the body offer death. The SIGNATURE DEGREE								27	L DATE	SIGNED OF		
		1820	200	Thee	-M	· D . 1	TTENDING PHYSICIAN A	MEDICAL DIRECTOR PH	STAFF		6/0	1/185		
		224 PHYSICIAN'S NAME	(TYPE OR PRINT)	1		22e ADDRES					2087	9		
		Michael	Bolognes	e, M.D.		19261	Mont.	Village A	ve. Ga					
		URIAL, CREMATION, REM	OVAL 23b. DATE	23c. N		EMETERY OR	REMATORY	23d LOCATION						
	1	SPECIFY) Parria1	6 21.	100E A	1	77 .		CITY OR TOW	IN	COUN	TY	STATE		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 ~ (VRA 15, 4)

¼ FUNERALDIRECTOR Hines∳Rinaldi Funeral Home

Buria1

6-24-1985

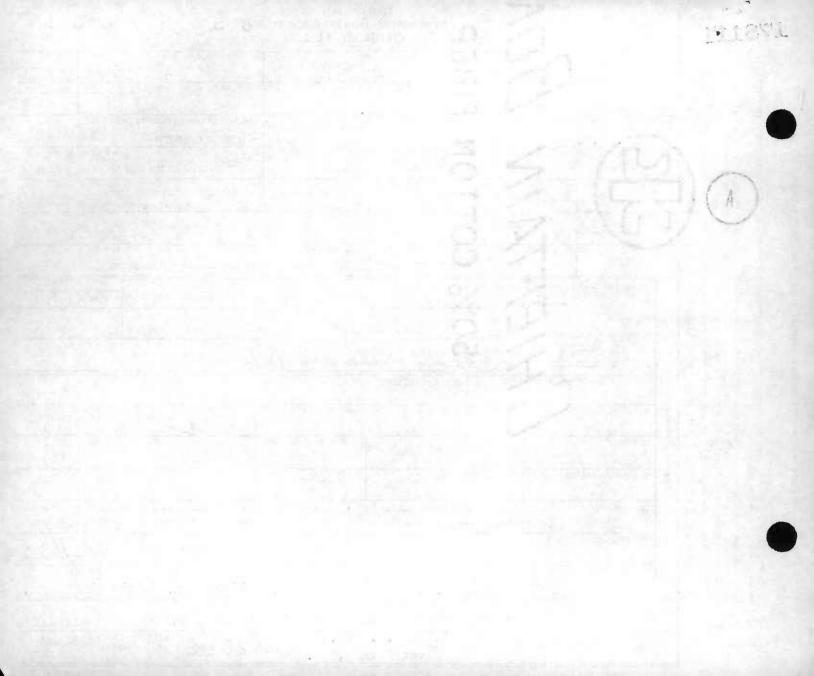
73c. NAME OF CEMETERY OR CREMATORY Arlington National 11800 N.H. Ave., Silver Spring, Md.

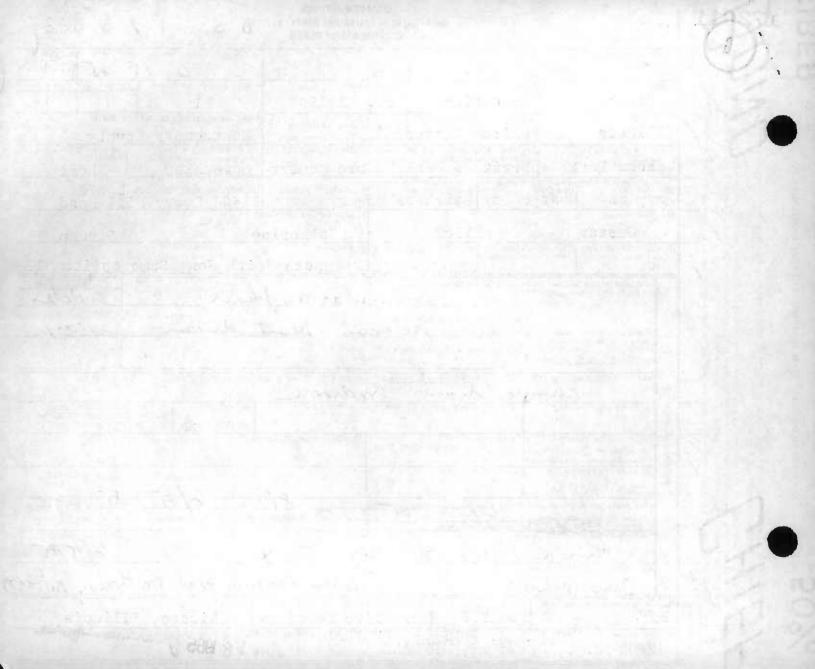
23d LOCATION
CITY OR TOWN
Arlington

COUNTY

84 REGISTRAR 256. REGISTRAR'S SIGNATURE 1

Virginia





24 DONALDREMOR STEIN HEBREW MEMORIAL FUNERAL HOME

232 CARROLL STREET. N. W., WASHINGTON. D. C.

STATE OF MARELAND

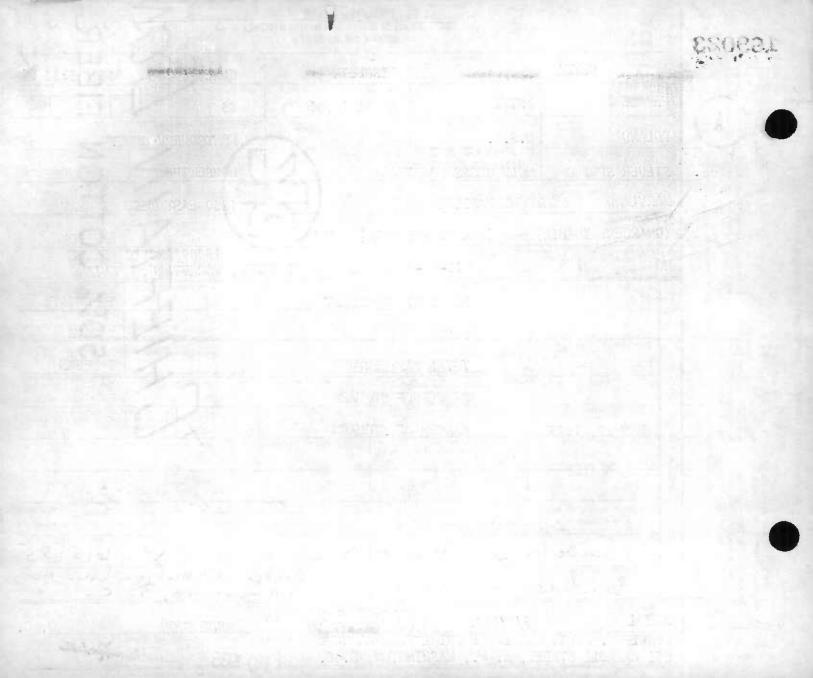
2h HOUR

STATE

STATE

DHMH - 16 60M 7/84

(VRA 15, 4)



177046	,	FOR	DEPAR		E OF MAKTLAND EALTH AND MENTAL HYG	IENE	1 7	604	
	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	1	0 0 4	
		CEASED NAME FIRST	MIDDLE	- 1	AST	2a. DATE OF DEATH MO	INTH DAY	YEAR 26 HOUR	
dege dege		Margar		F167	che	A. AGE (IN YEARS LAST BIRTHD)	////	ST DOM	-
م م م م	3. SE	Female	4. RACE	MONTH	ober 11,	55	MONTHS		-
Of direction	7a. BI	RTHPLACE I STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	(2 8		9 BALTIMORE CITY OR C	YRS. COUNTY OF D	EATH	-
CC 325	Ma	ryland	United State	SWIDOWE	NEVER MARRIED DIVORCED	monto	one	y County MD	
by the fur filed with	10. CI	Bether da	11. NAME OF HOSPITAL, NURS	ING HOME (120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Homemaker	ORKING LIFE) 12b	kind of Business or Dustry Home	
6 tho		AL RESIDENCE (IF NURSING HOME OR			1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 7	IP CODE	20817	
AND 24 h	-	ryland Montg	gomery Bethes	da		7401 West	Lake	Terrace 6.	16
withir within d 2 sh	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE		{A ^C 7	
mak with the make with the mak		Herman	Miedling	CLIPITY - LO	Margaret	hand) ADDRESS		Harting	_
MORE or e executed and or Poges			E WAR OR DATES)		17 INFORMANT (Hus	Dana)		10 #17	
e be e be ers. P	-	No N/			Corbin D.	Fletcher	Same	As #13	=
or, BALT rtificote E physicio on papers emoval.			ily one couse per line for (a), (b), (b), (b), (c) BY: TE CAUSE (a) CACU	Ac	Arrest			2 minoko	-
ON SI		IMMEDIAI	DUE TO, OR AS A CONSEO			11121414			-
deoth ce atendin ave carb		Conditions, if ony, which	(1b) Gastro		rival Ble	edins		POLAYS.	-
that the lby the cose rem		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	LENCE OF	of Cive	0		I YEAR.	
RDS, 20 equires equires . Then ple tr to burinjury, a	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN	PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 ING PHYSICIAN: The law requires that the death certificate be executed within 24 has rathereding physician. When the certificate has been signed by the attending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be into and Amental Hygiene prior to burial, cremotion, or removal. arked or them 18 shaws any injury, or other traumatic event, the medical examiner must be accepted.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WER N CERTIFYING YES [RE FINDINGS USED CAUSES OF DEATH?	
VITAL AN: The hysician fitcate h fronsit pronsit proper 118 shot		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM IB PART I O	R PART 2)	
S certification of white of the second of th	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINER	P.M.	19					
DIVISION or attending After this e as the build of the ond marked or	WED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN		OUNTY STATE	
SNDir ol or use Health			tal) attended the deceased from			, to		that (we) lost	
ATTE aspirtue aspirtue ed for ed for en 21		saw the deceased alive on above, (1) (we) (did) (did no 22h SIGNATURE	it) view the body after death		nd that in (my) (our) opinion o	death occurred an the date		trom the couses stated	_
to AT The hasp I DIRECT tached for a Dept. o		228. SIGNATURE	2)71.6.1	t	ATTENDING	MEDICAL STAFF		6/12/05	
PITA by AERA Stoth		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	ш.	22e ADDRESS	DIRECTOR PHYSICIAL	<u>и</u>	-111/83	-
TO HOSPITAL Of retained by the TO FUNERAL Dishould be detained with the State DIMPORTANT: If		LAWIENCE	WIDERLITE		5401 West	rw Ave. H.	W. W.	DC. 20015	
○ 등 ○ 등 호 중 	23a 6	BURIAL, CREMATION, REMOVAL	23b. DATE 1985 23	NAME OF C	EMERTAL OR CHEM AT ORY	23d LOCATION			=
BP		SPECIFY Cremation	pune 18,	letrop	olitan	Alexand	ria	Virginia	
DHMH - 16 50M 4/83	24 FI	INERAL DIRECTOR Rober	rt A. Pumphre	y Fun	era1 250. 31	NF 2 4 1985 R 25	RECILSTRAR'S	SIGNATURE	
(VRA 15, 4)	H	omes, PA. Bet	thesda, Maryl	and		1	-1-11-		

A THE RESIDENCE OF THE PARTY OF

6078	FOR STATE REGIST	, ¿		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH		G. NO.	7 6	0 5
	DECEASED N	11	wet	MIDDLE	F	NY II	20. DATE OF DEA	H MONTH	6-85	26 HOUR
rs offer. p	Fema		4 RACE White		S. DATE O	10, 1893 YEAR	6. AGE (IN YEARS LA		IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
within 72 hou within 72 hou within 72 hou		nsylvania	7b. CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CI		OF DEATH	MD
e filed with	CITYORTO	e Ruesda		HOSPITAL, NURSING		HEN tal	120 USUAL OCCU (TYPE OF WORK FOR W Housey		12b. KIND O INDUSTRY Home	BUSINESS OR
illed b	Maryl			13c CITY OR TOWN Rockville		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDR			
Suine	FATHER'S N	lliam	^{MID} Penn	Mundis		IS. MOTHER'S MAIDEN NA	ME	De	etweiler	ı
medico	YES NO	ASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	176-26-0		17 INFORMANT Bernetta E		ne as 13e		
physicio npopers: movol.		SE OF DEATH (Enter I. DEATH WAS CAU		line for 10% (b), and	x/	Vascular o	ciolen	1	APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEATH
by the ottending tose remove corbo ol, cremotion, or re r other troumotic	gove	ons, if ony, which rise to immediate (a), stating the	DUE TO, O	r as a consequen	riose	clorgia				
en signed t. Then ple or to burio y injury, o		Acr	icila	fisri	Mat	-				
the principle of the pr	190. DATE	NEAP .	19b. COND	ITION FOR WHICH O	PERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
# # # E :	OR CONT	DENT WAS UNDERLYING RIBUTING CAUSE OF D R. NOTIFY MEDICAL EXAMIN	EATH HOUR A.	DE INJURY M. MONTH DAY M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
he bu	4	JRY OCCURRED	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC)	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE

this hospital attended the deceosed from

NOT WHILE

23a. BURIAL, CREMATION, REMOVAL

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as the bi with the State Dept. of Health and M

MPORTANT: If the

O FUNERAL DIRECTOR.

23b. DATE 6/20/85 Burial Prospect Hill Cemeter york, Pennsylvania ^{24 FUNE TYPESON Wheeler Funeral Homr, Inc.} 1331 Rockville Pike, Rockville, Maryland 20852 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA WEEL CO

231. NAME OF CEMETERY OR CREMATORY

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

opinion death occurred on the date and hour and from the couses stated

DOMESTIC TO THE PARTY OF THE PA

Missell Se ell, Se ticle is ill Seepes

(VRA 15, 4)

			STATE OF MARYLAND		
177025	T - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
noy be	Elve	ra C.	Foxvog	June 2	2, 1985 6:35A
oe de de	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 24 HRS
as de	Female	Caucasian	Feb. 4, 1898	87	YRS.
nerol div	70. BIRTHPLACE (STATE OR FOREIGN LILLINOIS	United State	MARRIED NEVER MARRIED	Montgome:	
	Chevy Chase	Bethesda Ret	irement Center	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake)	WORKING LIFE) INDUSTRY
in 34 hours in 34	13a STATE 13b C	ntgomeryChevyC		3509 Lela	zip CODE and Street/20815
Off and and	Peter	MIDDLE LAST Nels	on Hilda	MIDDLE	Mortenson
PALLIMORE Up of Control	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YE:	ARMED FORCES? 16b SOCIAL SEC 5. GIVE WAR OR DATES) 330-22			same as #13
1 2 1	18 CAUSE OF DEATH Enter PART 1. DEATH WAS CA	er only one couse per line (County) USED BY: DIATE CAUSE (a)	1 - 6		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
NG PHYSICIAN. The low requires that the death certaining physician. The this certificate has been signed by the ottending as the burial-transit permit. Then please remove corns th and Mental Hygiene prior to burial, cremation, or eached at them 18 shows ony injury, or other traumatic	Conditions, if ony, which	DUE TO, OR AS CONSE	Varcular acc	restent	415.85
that the by the ease remol, cremo	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF		
equires equires. Then ple r to burin injury, o		er conditions contributing to	DEATH BUT NOT RELATED TO THE TER	Nec 1984	DITION GIVEN IN PART 110
he low on. The permit in permit in permit in permit.	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY YES NOX	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
OF VITA ICIAN: Ti g physici gol-tronsi ntol Hygi		FDEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
IVISION G PHYS offending for this c s the bur offending hand Me	OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	SITY OR TOV	WN COUNTY STATE
TTENDIN pital or TTOR: Aff for use or of Health	220.1 certify that (I) (this h	ospital) oriended the deceased from	CI-	n death owned on the do	te and hour and from the couses stated
TAL OR A by the hosy the hosy the hosy the hosy the hosy tote Dept. NT: If them	Kohent -	Shitadea	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	IAN O L'
TO HOSPITAL retoined by the TO FUNERAL should be detoined in the Store improprients.		Thibadeau, M	Rocl		e Pike ryland 20852
BP	230. BURIAL, CREMATION, REMO (SPECIFY) Burial	25, 1985 I	NAME OF CEMETERY OR CREMATORY TVing Park Ceme	tery Chica	ago, Illinois
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR Rob	ert A. Pumphres	v Funeral 250 D.	ATE REC D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

Carlin Francis Colonies Williams

DEPARTMENT OF HEALTH AND MENTAL HYGIENE . - STATE REGISTRAR DECEASED NAME FIRST DOROTHY 20 DATE KNOWN COMONTH (TYPE OR PRINT) ESTI DEATH MATED DATE WHITE FEMALE PRONOUNCED 15, 1919 65 DEAD ZEN OF WHAT OUNTRY? 7g. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MICHIGAN WIDOWED X DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 26 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
HOUSEWIFE OWN HOME SILVER SPRING 8902 KINES STREET 130 STATE MONTGOMERY 20901 MARYLAND 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME JOHN MARTE BECKER REITH CATHERINE PHILIP 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDREGAITHERSBURG. MD. SON) (YES, NO. OR UNKNOWN) 375-16-6866 FRENCH, 9469 CHADBURN PL. NO **JEFFREY** 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY * MEDICAL EXAMINER ALONG D AS A BURIAL - TRANSIT PERM HEALTH AND MENTAL HYGIENE CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) ED AS A L CERTIFICATION 19 BATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 2my YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ER'S NAME OR PRINT 230. BURIAL, CREMATION, REMOVAL 231 DATE 6/3/85 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA 07/84 24 FUNERAL DIRECTOR RICHARD RAPP, INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M **DHMH - 17** ST., N.W., WASHINGTON, D.C. 20009 (VR A) 5 ME (5))

STATE OF MARYLAND

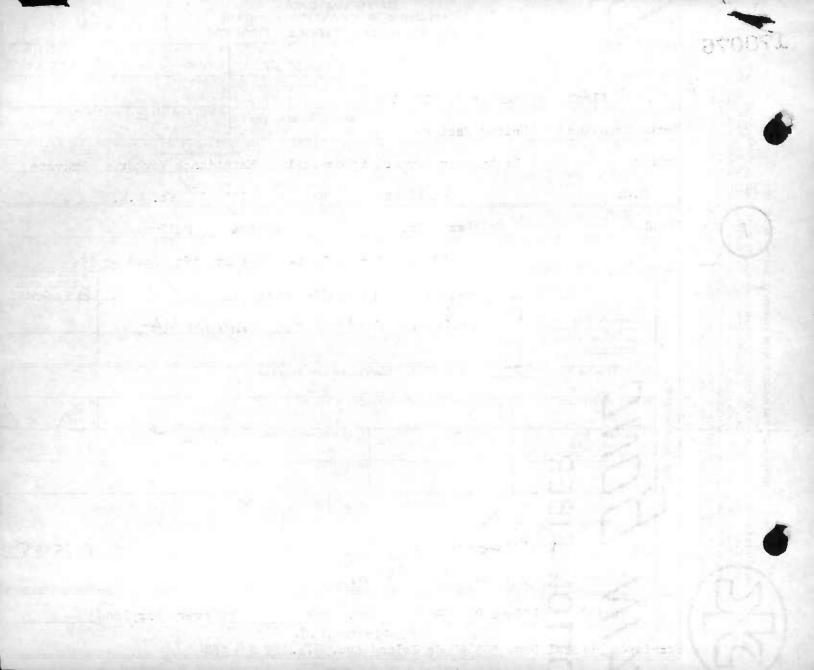
. In IA) was unbetter seed that is written to lead to the

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL

Plant of the state 22 15 miles 02 82 W 28-15-01 Land Dill - mill Ville

	1				MARYLAND		
	1-	FOR STATE		DEPARTMENT OF HEALT		I'm and	0 9
178076		REGISTRAR	WE	DICAL EXAMINER'S	CERTIFICATE OF	REG. NO.	
210076		CEASED NAME FIRST		MIDDLE	D. tel a -	OF ESTI-	DAY YEAR 26 HOUR
ASE LES. LES.		Keut	201	Charles	Skuther	DEATH MATED U	D 1985 05 1
RECTOR RECTOR PILES PHOUR STREET	3 SE	-110	5. DATE OF BIRTH	6. AGE (IN YEARS IF C		4 HRS. 2c. DATE MONTH	DAY YEAR 26 HOUR
소등감사 .	5	6 Black	December			DEAD	19 M
ECESSA NEBAL POR Y	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY? 8. MAR	RRIED KNEVER MARRIEL	9. BALTIMORE CITY OR COUN	TY OF DEATH
西京 5 mm	Non	th Carolina	United		OWED DIVORCE	Mont	MD.
A HE HE	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR O	THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OR INDUSTRY
204 3 4 1		coma	Washing	gton Adventist	Hospital 1	Maintiance Worker	Private
- 005000//		AL RESIDENCE (IF IN NUMBER) IN M		IVE RESIDENCE BEFORE ADMISSION)		3e. STREET ADDRESS	agana
212 AND AND AND AND AND AND AND AND AND AND	1	D.C.		Washington	YXX NO 🗆	1530 3rd St. N.W.	99999
2 2 2	14. F/	THER'S NAME	MIDDI E	LAST	15. MOTHER'S MAIDEN	NAME	LAST
E PERO	Re	uben	Gaitl		Roae		1001
Balloz -	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
C MARKA A	1	Yes	TO WAR ON PAILO	220-20-8404	Louise Ga:	ither Wife Same a	s 13e
WIND WIND		18 CAUSE OF DEATH (Enter of	only one couse per lin	e for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A SENE		PART I DEATH WAS CAUS	ATE CAUSE (o)	CPATIC IN:	SUFFICIENC	24	3 weeks
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1			R AS A CONSEQUENCE OF		0	
PRESTO THIN 2 JILIN 1 WER ALK ALL HYG REMOV		Canditions, if ony, which		Robable me	rastatic 1	ARCINOMA	DEC. 6333
OI W. N PEN W N PEN W N PEN TR N PEN TR N OF TR		couse (a) stating the unde		R AS A CONSEQUENCE OF			
ON A PER S		lying cause lost.	(c)				
DIVISION OF VITAL RECORDS, 201 W. IS CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD, "PENDING". IN PEN REDED TO THE CHIEF MEDICAL EXAMI GE 3 SHOULD BE USED AS A BURIAL-TR TE DEPARTMENT OF HEATH AND MENT 201 PRORTO BURIAL.		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	1 (0)	
RECORDS TO BE EXE PENDING MEDICAG MEDI	ON N	To a second					
A HE A	13	19a. DATE OF OPERATION	19b COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
\$ 585±55	CERTIFICATION						YES O NO V
PARE HAR		210. EXTERNAL CAUSE WAS	216. TIME O	FINJURY A. MONTH DAY YEAR	HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)
S FFOTOS	3	CONTRIBUTING CAUSE O					
VISI DEP 3 SEP	MEDICAL	21d INJURY OCCURRED		OF INJURY (AT HOME, 211 L	OCATION STREET	CITY OR TOWN CO	DUNTY STATE
# # # 5 4 0 P 0	1	WHILE NOT WHILE AT WORK					
XAMINER: THE ERTIFICATE, VID BE FORW WINTETOR: PAWINETOR: PAWINT THE SIZE ARYLAND, 21		22a. I certify that I taok cho	rge of the remains de	scribed obave, held on Auto	opsy Inspection	. Inquiry . ond in my a	pinion
L EXAMINER: E CERTIFICATE, DULD BE FORM IL DIRECTOR: H, WITH THE ST		death resulted fram: Not	ural couses	Accident , Suicide	Homicide .	Undetermined manner .	
EXAMI LID BE DIREC WITH		(1.0		TITLE (SPECIFY)		
A HANDER	1	SIGNATURE	Amo		M.D. MD	MEDICAL EXAMINER DATE	6.15.85
NEW SET		EXAMINER'S NAME	1.6 (1)	Antolana.			
TO MEDICAL EXAMENEE OF THE CERTIFICATION OF THE CER		(TYPE OR PRINT)	open w	MINION	ADDRESS		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23a.B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN: COU	
4998999		Burial	19June 85	Harmony Mem.	Park	Landover, Marylar	nd
DHMH - 17	-	UNERAL DIRECTOR	ADDRES	Washingt	on, D. C. DATE RE	C'D. BY REGISTRAR 25b REGISTRAR'S	SIGNATURE
(VR A15 ME (5))	ra	zier's Funeral	Home 389	Rhode Island Av	ve. N.W.JJI	5 1085 Junia Davidson	r-Randoll



Maryland

14. FATHER'S NAME

Conditions, if ony, which gove rise to immediate couse (o), stoting

couse

NOT WHILE

lost.

underlying

CERTIFICATION

MEDICAL

WHILE

 ∞

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH YEAR 2h HOUR DECEASED NAME MIDDLE LTYPE OR PRINTI 11:24 June 20. 1985 Gibbons Robert A 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 4 RACE 3. SEX HOURS MONTH White Male August 16, 1912 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ESTATE OR FOREIGN MARRIED NEVER MARRIED Montgomery Maryland U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY US (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Takoma Park Washington Adventist Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION HIS COUNTY 13c. CITY OR TOWN

P.G.

13d. INSIDE CITY LIMITS? YES X NO [

13e.STREET ADDRESS / ZIP CODE 5825 35th. Place 20782 15. MOTHER'S MAIDEN NAME

Ret. Mail Carrier Postal Serv.

MIDDLE MIDDLE Gibbons Blemler Alton Mary Maude 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address Same as (IF YES, GIVE WAR OR DATES) 577-07-2144 Mrs. Elsie Y. Gibbons No# 13. Yes W.W.II

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Hyattsville

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM NO I YES [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

COUNTY CITY OR TOWN

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (I) (we) (did) (did not) view the body ofter deoth

22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

Toodyand Rd #201 Clinton, 4020735

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN (SPECIFY) 6/24/85 P.G. Ft. Lincoln Cemetery Brentwood Rurial

24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

9

should be determined by the State

hospi

DIVISION OF VITAL RECORDS, 201

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAR BE COMMITTED TO STANDARD STAND

STATE

Maryland

Egrop each the fair to the control of the control o

fig. There was the other as the contract of th

as series on eye

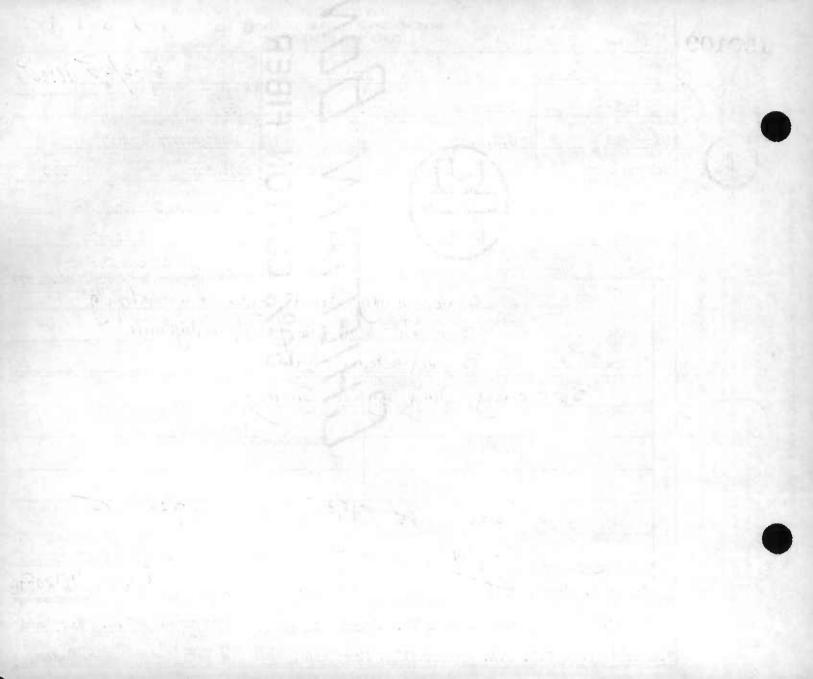
.8 9

STATE OF MARYLAND

F.Gasch's Sons F.H. P.A. Hyattsville, Maryland

			STATE OF MAKILAND		2 1 1
1	FOR	DEPARTN		SIEUS 5	0
1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
TYPE		J.	Gilbert	6/26	185 10130 4
3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	UNDER I YEAR IF UNDER 24 HRS
	Mala	Concorion	MONTH DAY YEAR	50	NIHS DAYS HOURS MIN.
7n Bli			May 30, 1920	1110.	EDEATH
	OUNTRY)		MARRIED A NEVER MARRIED		
-				0 /	
		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	17b. KIND OF BUSINESS OR INDUSTRY
				Engineer	WSSC
USUA 13a S	AL RESIDENCE (IF NURSING HOME OR TATE 138 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	
M	4 1				t 20772
14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
J	-	Gilbert			demia
16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	
			200 Fleio M C	ilbort 214 Colton	Street
				Upper Marl	DOEDROXIMATORERV20772
	DART I DEATH MAIAC CALICE	D BV	/ / /	Lyonric encephalir	BETWEEN ONSET AND DEATH
	IMMEDIA1	TE CAUSE (a) CATROLOPICI	Modery 1336/36 , 1	Troute eneconocio	7
				til andullering	V
-34		(p) Kecniga	ret vertricitian a	mal arraginates	
	couse (a), stating the			,	E2/21 - 13-48
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING OF	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	NIN PART Tra
05					
CA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
TIF				YES NO YES	NO
Ü		THOUSE A SA ALCONOTIAL DA	Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	T I OR PART 2)
CAL			19		
EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
×	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)		
		tal) attended the deceased from_	6 5 8 5 19		S. that (i) (we) last
	saw the deceased alive on	6/26 198	5 , and that h (my) (aur) apinian	death accurred an the stote and hour o	and from the causes stated
	22h SIGNATURE	1) view the bady after death.	DEGREE		22c. DATE SIGNED
-		1	ATTENDING	MEDICAL STAFF	6-27-85
	22d. PHYSICIAN'S NAME TYPE O	OR PRINT)	22e ADDRESS	ADIRECTOR PHYSICIAN	10-21-03
			1/200 0-11	- For Inn	110. MD20906
22 0					16.212 0100
	SPECIFY)			CITY OR TOWN	COUNTY STATE
24 61		June 29,1985 F	. Lincoln Cemeter	y Brentwood P	.G. Maryland
	MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	1 - STATE REGISTRAR 1 DECEASED NAME (IMPEOR PRINT) Thomas 3. SEX Male 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH Takoma Park USUAL RESIDENCE (IF NURSING HOME OR 138 STATE JOSEPH 14 FATHER'S NAME FIRST JOSEPH 160 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) YES WORLD 18 CAUSE OF DEATH LENTER OR PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT OR OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINES 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINES 210. I Certify that (I) (this hospi saw the deceased alive on bodye, (I) (we) (did) thid no 272 SIGNATURE 224 PHYSICIAN'S NAME TYPE OF FAYAZ A. Shawl	Thomas J. Thomas	DEPARTMENT OF HEALTH AND MENTAL HYC REGISTRAR 1. DECEASED NAME (1787 OR PRINC) Thomas J. Gilbert Thomas J. Gilbert S. S. DATE OF BRITH MAY 30, 1926 Tourish Day MAY 1910 Takoma Park U.S.A. WIDOWED U.S.A. WIDOWED U.S.A. WIDOWED UNDOWED UNDOW	Service Serv

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

SE PAVEEN ONSET AND DEATH

NO [

_, that (I) (we) last

22c. DATE SIGNED

STATE

IF UNDER 24 HRS

IF UNDER TYEAR

INDUSTRY

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURLAL

CREMATION, REMOVAL

19113

- STATE

REGISTRAR

23b. DATE

DATE REC'D. BY REGISTRAR 256. HEGISTIA

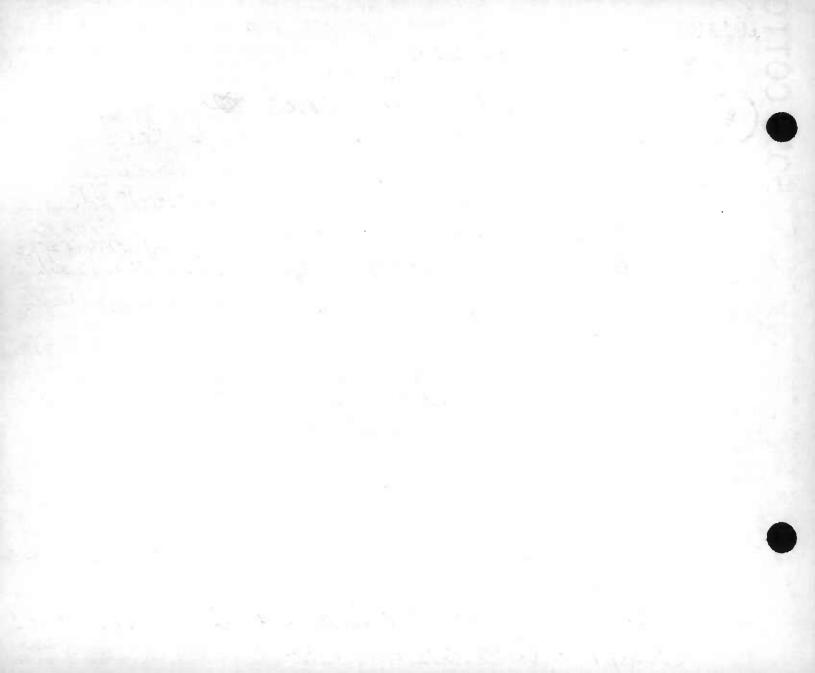
Car

206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

. 19____

YES



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

	/	0	1	0
EG. NO.				% f
LO. 140.	117		_	

are the	2	
-		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Tattector, page 3

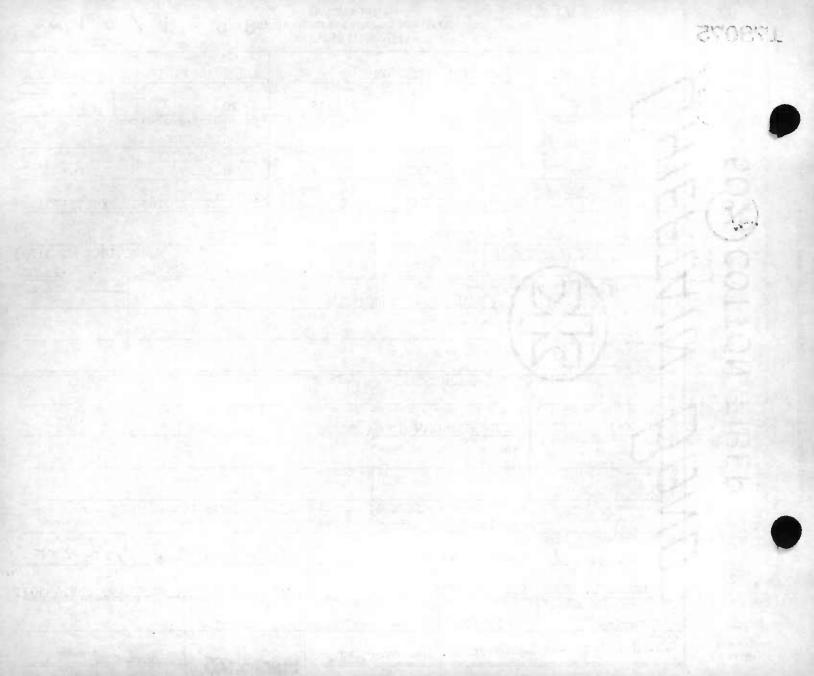
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burnol-fronsit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal injury, or other troumotic event, morked or frem 18 story any

IMPORTANT: If Item 21 is

DHMH - 16 60M 7/B4 (VRA 15, 4)

		REGISTRAR					CEICITI	TEATE OF PEATS	REG. N	10.		11 23.
		CEASED NAME	FIRST	٨	AIDDLE		ſ	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	(TYPE	OR PRINT) MARG	ARET	VIR	GINIA	GLE	ENNON		JUNE 16	1985		4:00A M
	3 SEX	X		4. RACE			5. DATE C		6 AGE (IN YEARS LAST BE		FUNDER 1 YEAR	IF UNDER 24 HRS
	EE	MALE		CAUCASIA	AN		MAY	27 1915 YEAR	70	YRS.	INTHS DAYS	HOURS MIN.
7		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	TRY?	B AAAAAAAA	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
2		NNSYLVANIA		USA			WIDOWE		MONTGOM	ERY		MD.
1		THESDA	ATH	(IF NOT IN SUC	HOSPITAL, NU HEACILITY, GIVE S VAL HOS	TREET AD	DRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)		F BUSINESS OR
14	USU	AL RESIDENCE (IF NURS							4			
5		RYLAND	FREI	DERICK	FREDE			13d. INSIDE CITY LIMITS? YES X NO	430 HEATHE		DRIVE	21701
1	14. FA	ATHER'S NAME		MIDDLE	LAST			15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
1	RA	YMOND			CLEME			71831			(73)	
1		WAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECUR	ITY NO	17 INFORMANT	ADDR	ESS FRED	ERICK.	MD 2170
١.		NO	(11 125, 01	E WAR OR DATES	153-09	-512	21	DENNIS J. GLI				
-		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (o), (b	, and	(c).)					MATE INTERVAL
		PART I. DEATH W		D BY: TE CAUSE (a)				RCINOMA				
	-		MIMEDIA									
		Conditions, if ony,	which	1	R AS A CONS	EQUEN	ICE OF					
		gove rise to imr	nediote	(b)—								
	1	underlying couse		DUE TO, OI	R AS A CONS	EQUEN	ICE OF				750.00	
		DART 2 OTHERSICA	LIEIC ANIT	(6)	ALTRIPLITING	TODE	ATH BUT	NOT RELATED TO THE TERM	AINIAI DISEASE OR COL	IDITION CIVE	11 (b.1 D.4 D.7.)	
	Z	PART 2. OTTER SIGN	AILIC MIALL	-ONDITIONS <u>CC</u>	ZNIKIBOTINO	, IO DE	AIN BOI	NOT KELATED TO THE TERM	MINAL DISEASE OR COI	ADITION GIVE	N IN PART TIO	,
A	CERTÍFICATION	190 DATE OF OPERA	TION	19h CONDI	TION FOR WI	HICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	1206 IF YES	WERE FINDIN	GSTISED
1	끮									IN CERTIFY	ING CAUSES	OF DEATH?
	E T	JUNE 13,				KAWE	AL FC	R STUDY 21 L HOW INJURY OCCUR	YES NOT	YES		но 🗌
1	_	OR CONTRIBUTING	_		M. MONTH	DAY	YEAR	ZICTIOW INJOKT OCCOR	KED LENTER NATURE OF INJ	JRY IN ITEM IS PAR	IT OK PART 2)	
	OA	(IF EITHER NOTIFY MEDI					19			E IE V		
	MEDICAL	21d INJURY OCCUR		21e PLACE (OF INJURY EET, FACTORY, OF	FICE, FAR	M ETC)	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
	~	AT WORK AT WO	RK .									
		22a.1 certify that (1)				om J	INE 1	1 19 85	to JUNE 1	5, 19	85	that (I) (we) last
	1	sow the decease above, (I) (we) (c	ed olive on	JUNE	fter death.	19 - 8	35 - ar	nd that in (my) (our) opinion	death accurred on the o	lote and hour o	and from the c	couses stated
	-	77b. SIGNATURE						DEGREE			22c. DATE S	SIGNED
	1.7	Bull	. (7 las	M	0		ATTENDING PHYSICIAN [MEDICAL STA		1750	WE 85
1		22d. PHYSICIAN'S NA	AME (TYPE	OR PRINT)				22e ADDRESS			10	
/		BRUCE L.	FLAX	LT. M	C. USNI	R		NAVAL HOSPIT	CAL BETHESD	A. MARY	TAND 2	0814-501
		BURIAL, CREMATION,					WE OF C	EMETERY OR CREMATORY	23d LOCATION			
	d	remation		6-17	-1985	Con	1 am 11	ill Crematory	Suit Town		COUNTY	STATE
	24 FL	UNERAL DIRECTOR		0-17	-1303 [vec	ar H	250. DA	Suitland	25b. REGISTRA	AR'S SIGNATI	URE

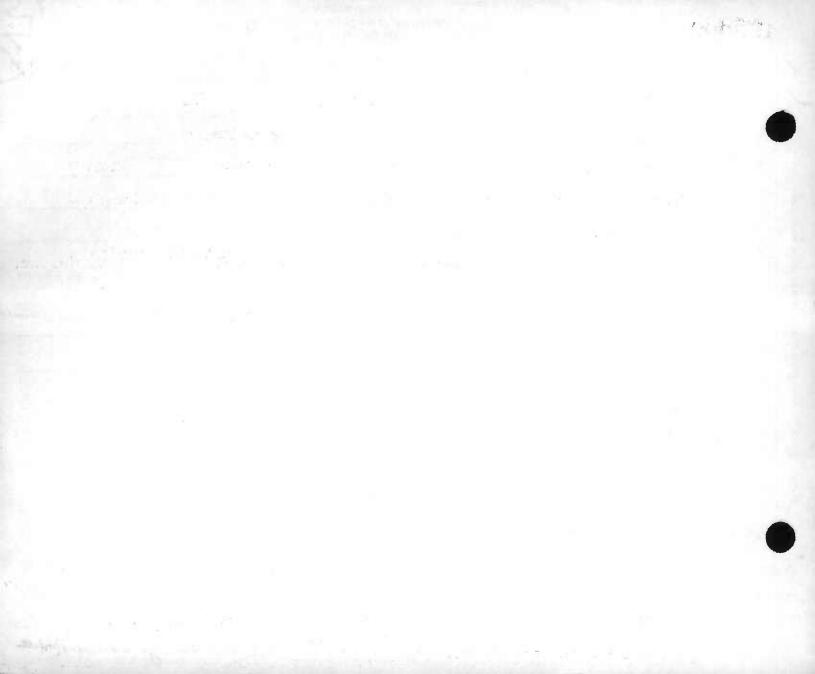
74 FUNERAL DIRECTOR
J.B. Adenkins 7474 Landover Rd. Landover, MD.



93002	1-	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.						
dee the state of t		CEASED NAME FIRST VIOLENTIA		Golden.	20. DATE OF DEATH MONTH	28 85 8 25PT			
sector, poge 3	3. SE	F	BIK.	March 17, 1929	6. AGE (IN YEARS LAST BIRTHOAY) 56 YR	MONTHS DAYS HOURS MIN.			
deoth. Page funeral direct hin 72 hours.	-	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY Jamaica	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	NTY OF DEATH MD			
intin 24 hours after d lely filled in by the fu 2 should be filled with	10. C	koma Park	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Washington Adv	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Clerk	12b. KIND OF BUSINESS OR INDUSTRY Banking			
filled in lould be f	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE TO CE George 13. EVER	Spring yes (2) NO [8440 New Hamps	hire Avenue			
mpletely and 2 sh		ither's NAME Ilexander	James James	Britta	Gra Gra	ndson			
(A) 12	16a \	VAS DECEASED EVER IN U.S. AI (IF YES, GI	RMED FORCES? 16b. SOCIAL SECULIVE WAR OR DATES) 266-02-	7351 Thomas Goode	SiTver Spring, n,Jr.,son,8440,N	Maryland ew Hampshire Ave			
hat the death certific by the attending place carbonics, i, cremation, ar remo- other traumatic even		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	Posserbt He	porten siron	29.0			
tow requires the stand trinit. Then piles a prior to buridi sony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b. IF	GIVEN IN PART 1(a) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
ok a liending Physician e hospitol and a liending physician DIRECTOR. After this certificate bothed for use as the buriol-transit bobpt, at Health and Mental Hygiens (Hem 21 is marked or Item 18 share).	MEDICAL CERTIF	270. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)		DAY YEAR 19 21t. HOW INJURY OCC	YES NO W	YES NO			
itol or ottending procertificate to see the buriol-the Heolth and Mental is marked or ttem	MEC	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased olive o	(AT HOME, STREET, FACTORY, OFFICe	E, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE 3. 19. S., that (I) (we) lost hour and from the couses stated			
ERAL State		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE A. A. CHACKO	of) view the body offer doth. Chack OR PRINT! MD.	DEGREE ATTENDING PHYSICIAN 220. ADDRESS 8500, / (DIRECTOR PHYSICIAN	1. Silver Spring			
TO HOSPITAL retoined by th TO FUNERAL should be det with the Stote IMPORTANT:	23a. Bt	BURIAL, CREMATION, REMOVA	L 236 DATE 23	. NAME OF CEMETERY OR CREMATOR Rock Creek	Washington	D. C. STATE			
HMH - 16 50M 4/83 (VRA 15, 4)		uneral director Guire Funeral S	7400	Georgia Ave. NW 250.1 ington, DC 20012	JHE U & 1903	GISTRAR'S SIGNATURE			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

	FOR		200	STATE OF MARYLAN	_78s	
904	1 - STATE REGISTRAR		DEP	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH		
	I DECEASED NAME	FIRST	MIDDLE	LAST	2e. DAT	

	The second second						120
	REG. N	١٥.	d		4	4:33	
	20. DATE OF DEATH	MONTH	DAY		YEAR	26 HOL	JR
		6:	29	7	85	199	PN
	6. AGE (IN YEARS LAST B	IRTHDAY)	IF.	UNDE	RIYEAR	IF UNDER	24 HRS
	7.	/ YRS	MOI	NIHS	DAYS	HOURS	MIN.
	9 BALTIMORE CITY	OR COUNT	ΥO	F DE	ATH		
X	Mon	tgome	r	У			ME
	120 USUAL OCCUPAT	OF WORKING	(FE)		KIND O USTRY	F BUSIN	ESS OR
	Housewit	re					

Montgomery

MIDDLE

Sil. Spg.

15. MOTHER'S MAIDEN NAME FIRST

20902

130 STREET ADDRESS / ZIP CODE 20902 1121 University Blvd West MIDDLE Kander

Philip
WAS DECEASED EVE
(YES, NO OR UNKNOWN)

No

Maryland

R IN U.S. ARMED FORCES

166 SOCIAL SECURITY NO

Goldfine

Lena 17 INFORMANT

14203 Briarwood 20853 Sharon Natchipolsky; Rockville, Md.

18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIAT	y one couse per line (D), (b), ond (c.) BY: E CAUSE (a)	ر در دی مو	APPROXIMATE INTERVA
Conditions, if ony, which gove rise to immediate couse (a), staling the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	colac	?
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEI	20e AUTOPSY?	IDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	YES NO

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.
21d. INJURY OCCURRED	21e PLACE OF INJURY

YEAR 19

NOX

WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
22a.1 certify that (1) (this hospital) saw the deceased alive on	attended the deceosed from

211 LOCATION

CITY OR TOWN COUNTY STATE

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 6130184

EDGAR H. LEVIA

FENTRY SO

23a BURIAL, CREMATION, REMOVAL Burial

MEDICAL

7-1-1985

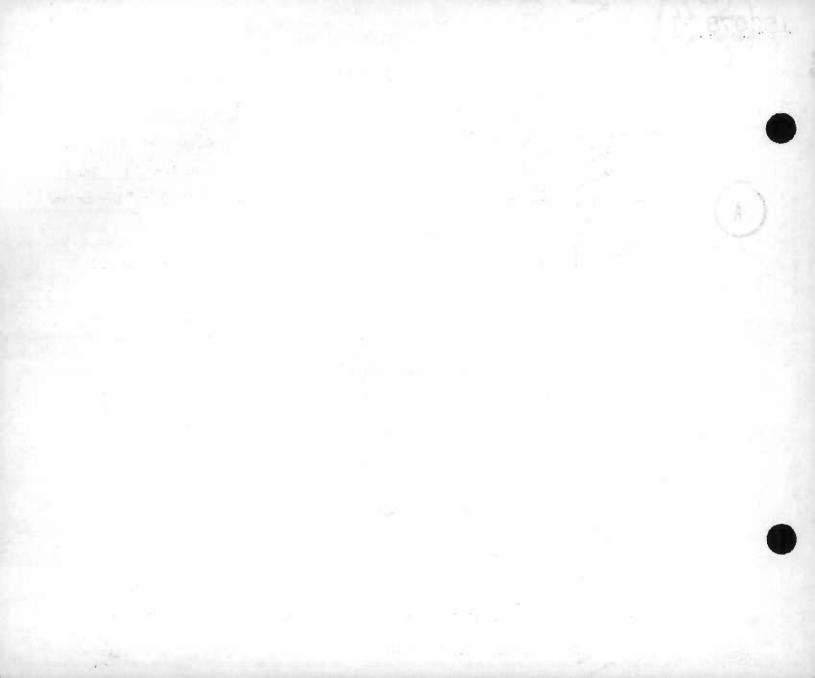
23(NAME OF CEMETERY OR CREMATORY Second Home Cem.

DEGREE

Milwaukee, Wisconsin

226 SIGNATU

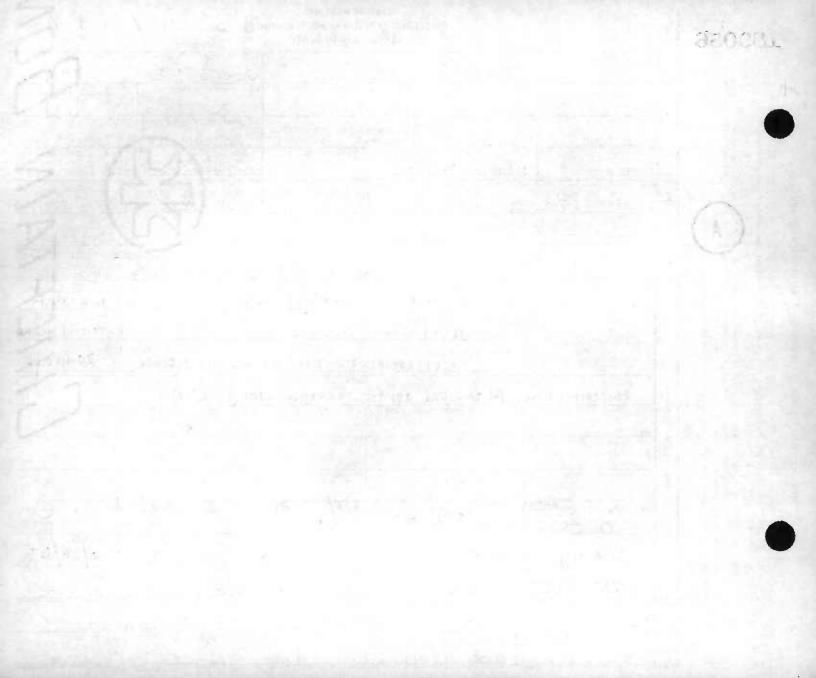
Rockville, Md. **FUNERAL DIRECTOR** Danzansky-Goldberg Chapels; 1170 Rockville Pike 6 52 52 3 TO MODINE CONTRACT Solve Color WESCHARTS USA The SHARMS HOLY CKESS Contract of the Contract of th The second of the second of the



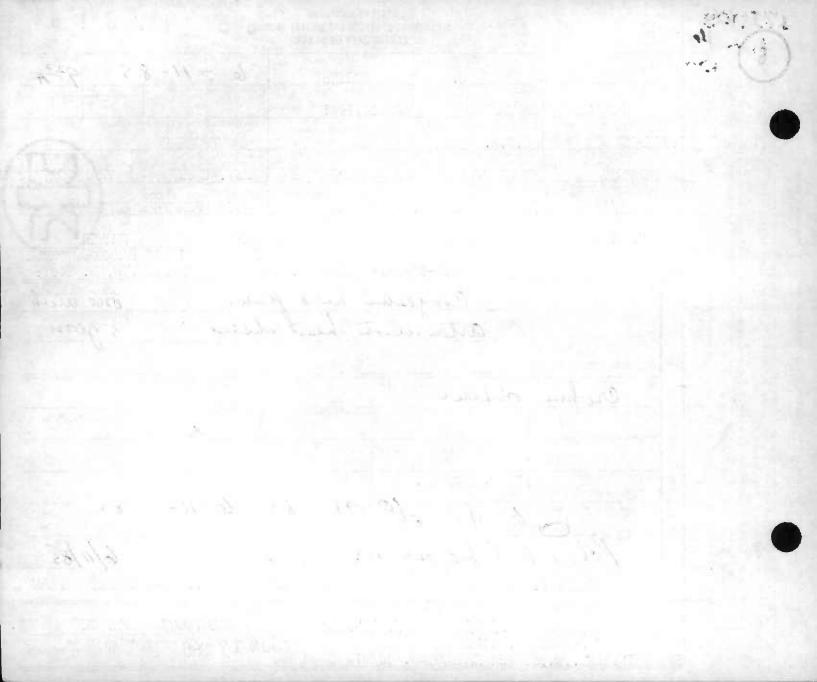
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTS HYMAN EDWARD June 25, 1985 GREENBERG 4 RACE DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1 SEX May 31, 1907 Male White BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Connecticut WIDOWER Montgomery County Suburban Hospita. Bethesda Business Owner (Ret.) Grocery 13 COUNTY 13e.STREET ADDRESS / ZIP CODE Fairfax Herndon 12201 Lake James Drive (22071) Virginia NO 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Greenberg Frieda Rozetsky Avrum ADDRESS Herndon, Va. 22071 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 044-12-8984 Barbara Freiberger; 12201 Lake James Drive: Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Ventricular Immediate IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF several years Alzheimeris Disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last Arteriosclerotic cardiovascular disease aortic aneurysmectomy 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OF TOWN STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 6/25/19 85 (my) (aur) apinian death accurred on the date and haur and fram the causes stated 226 SIGNATURE DEGREE 226 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS STANLEY CUTLER, M.D. 6121 Montrose Road; Rockville, Md. 20852 23n BURIAL CREMATION REMOVAL 73h DATE 231 NAME OF CEMETERY OF CREMATORY 23d LOCATION Burial 6/28/85 John Hay Memorial Pk. Hartford: Connecticut 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

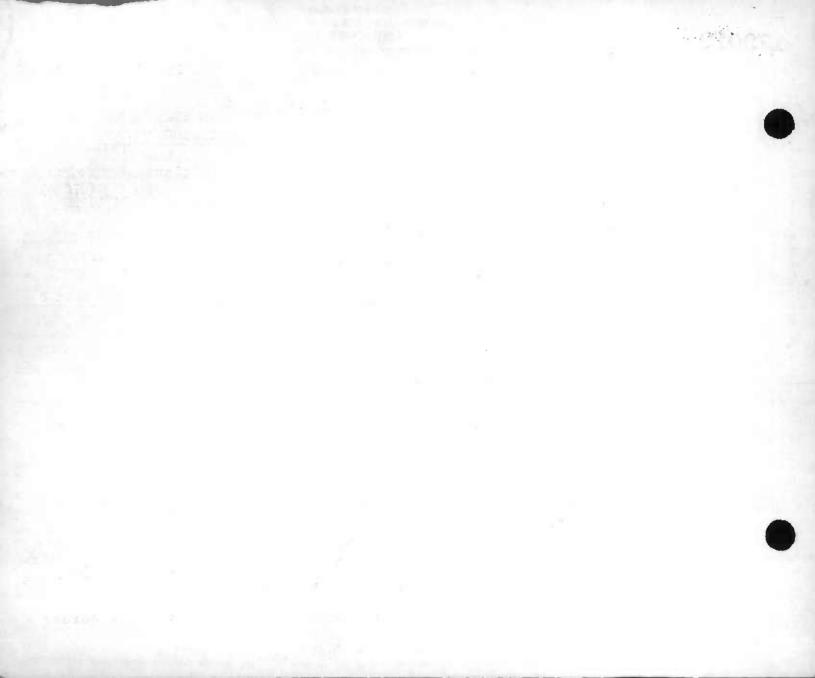
1170 Rockville Pike; Rockville, Md. 20852

DHMH - 16 60M 7/84 IVRA 15, 41



171028	1	FOR	0504	STATE OF MARYLAND		7 6 1 8
14	1	- STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH		45
(6)		ECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ege egh	(17	PE OR PRINT) RUT	Н В.	GREENE	6-11-8	75 923AM
4 mo	3. S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge ours o	1	FEMALE	CAUCASIAN	MAY 27, 1901	84 YRS	
rold d	2	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED		TY OF DEATH
tune de		RYLAND CITY OR TOWN OF DEATH	U.S.A.	SING HOME OR OTHER INSTITUTION	MONTGOMERY 120. USUAL OCCUPATION	MD.
oy the led w	/	NSINGTON	(IF NOT IN SUCH FACILITY, GIVE STI		ASST. CHIEF	126. KIND OF BOEPF OF INDUSTRY TRANSPORTATIO
Z be fin b	JUSI	JAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		1 1/1/1/11
AND n 24 hould hould		N/A	i di di di di	IGTON, DC YES XX NO [4550 MACARTHU	
within within d 2 s d	14.1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
comp	140	CLARENCE WAS DECEASED EVER IN U.S. A	BOND RMED FORCES? 16b. SOCIAL SE		IZABETH	TURNER
ond ond ooges	NO		IVE WAR OR DATES)	01-6778 ELLEN G.		PARKWOOD DRIVE GTON, MD. 20795
ALTII ALTII sicion bers. F		18 CAUSE OF DEATH (Enter o	inly one cause per line far (o), (b),		RRUGER RENSIN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtifico		PART I. DEATH WAS CAUS	ED DV	gestin heard	tachen	one week
on sing carbo			DUE TO, OR AS A CONSEC	SUENCESOF TO	1100	1542211
dea dea nove		Canditians, if any, which gave rise to immediate	((b) arcen	selvobe hear	austru	3 years
W. P	100	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
201 es the pleor unal,		PART 2 OTHER SIGNIE ANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	PANINAL DISEASE OF CONDITION C	N/ENLINI DADT 1
RDS, equir n sig Then r to b	NO.	Crohns	-1.10-11		KMINAL DISEASE OR CONDITION G	IYEN IN PART TIO
law r law r s bee	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
TAL The cion.	RIF				YES NO	ES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. After this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbonpopers, Pages 3 and 2 should be fill the and Mental Hygiene prior to burial, cremation, ar remaval. The first mental Hygiene prior to burial, cremation, ar remaval.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR ZIG HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
YSIC ding is cer buria Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	2)f LOCATION		
Offer the street of the street	N.	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFI	CE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
NDIN I or R: Aft We b feelth		220.1 certify that (1) (this hasp	ital) attended the deceased from	10-21 198	3 10 6 -11-	, 19 85, that (I) (we) last
ATTE Spire CTO d for i. of th			oil view the bady after death.	, and that in (my) (aur) apinia	in death accurred on the date and ha	our and fram the causes stated
OR he he boches oches If there		22b. SIGNATUR	1/01.	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
PITAL by the ERAL State	H	22d. PHYSICIAN'S NAME (TYPE)	OR PRINTI	MD ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/11/85
O HOSPITA etoined by TO FUNERA mould be de		ROBERT	V. CHOISSER	5530 WISC	CONSIN AVE., CHEVY	CHASE, MARYLAND
	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	Y 23d LOCATION	
17 BP 7		(SPECIFY) BURIAL	6/13/85	FT. LINCOLN	BRENTWOOD	PRI GEO STATE MD.
DHMH - 16 60M 7/84		UNERAL DIRECTOR FRANC	IS J. COLLINS	25a. D.	AJE DEGID BY PEGISTRAP 256. REGIS	TRAPS SIGNATURE
(VRA 15, 4)	150	O UNTU RIVO. W.	STIVER SPRING	MD. 20901	1000	Marine Service





k90 1 51	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL H CATE OF DEATH	IYGIEN B	5 REG. NO.	7 6 2	2 0
ge 4 moy be ector poge 3 rs after death	{ TYP	ECEASED NAME E PIRST E OR PRINT) EZRA	CATICAS	TIAN	5. DATE O MONTH AUG	ALL F BIRTH DAY YEAR 29 191	6. AGE (1	OF DEATH MONTH	1985	2b. HOUR 6 35 M IF UNDER 24 HRS HOURS MIN.
ofter death. Poper the funeral direction of the pure of within 72 hours	N	ORTH CAROLINA ITY OR TOWN OF DEATH ethes da Md.	U.S.	HOSPITAL, NURSI	MARRIED WIDOWEI NG HOME O TADDRESS)	NEVER MARRIED DIVORCED	9 BALTIA 120. USUA (TYPE OF W	NORE CITY OR COLONIAL OCCUPATION OR FOR MOST OF WORK	UNTY OF DEATH 2 Y COUL 12b KIND OF INDUSTRY	nty MD.
reaming the filling		AL RESIDENCE I IF NURSING HOME OF MONT'S	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 1	3979	L ESTATE PRIVERSIPA	FPEL ROAD	20795
e executed and company medicolexami	165	EZRA TH		HALL 166 SOCIAL SEC 065-07-	-11-0	001E 17. INFORMANT FRANCES FULI		ADDRESS NORTH CA	PART AROI TNA	IN
NG PHYSICIAN: The law requires that the death certificate attending physicion. fer this certificate has been signed by the attending physici as the buriot-transit permit. Then please remove corban paper than did Mental Hygiene prior to buriot, cremotion, or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT OF THE PART 2.	D BY: "E CAUSE (a) DUE TO, O (b) DUE TO, O (c)	PAS A CONSEQUERAS A CONSEQUE	ISIDE HELICE OF JENCE OF	Respirator	Carcin	оша	0ne	Month Month
	MEDICAL CERTIFICATION	190 DATI OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	P. 21b. TIME C HOUR A	DA HAU TION FOR WHICH OF INJURY M. MONTH C	OCCIAO H OPERATION	WAS PERFORMED 21C HOW INJURY OCC	200 AL	POPSY? 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES OF YES	GS USED
DR ATTENDIA Chospital or DIRECTOR: A ched for use Dept. of Heald Ifem 21 is mi	MED	27d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a I certify that ID this hospi saw the deceased alive on abave (1) we) (did) (4d no	tall attended the	e deceased fram	June 55, and	that in (my) (aur) opinion EGREE ATTENDING PHYSICIAN 27e ADDRESS	an death occur		22c. DAJE S	9/85
TO HOSPITAL Of retoined by the TO FUNERAL E should be detain with the State I IMPORTANT; if		BURIAL, CREMATION, REMOVAL (SPECIBURIAL)	Wilson 23b. DATE JULY 1	1985 M	APLE W	METERY OR CREMATOR	y Dur			N.C. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	14	UNERAL DIRECTOF RANCIS	RTNG AM	LINS ADDRESS	O UNIV	BLVD.	TUE US	REGISTRAN 256. RE	EGISTRAR'S SIGNATU	andell.

(1)

Share on The share of

1101 00 ON

1.0.1 ALTONO

ביות דוויים יידוד בכולם ברוכה

Jan. Co. V.

WE LOUIS TOOK WANTED TO SEE STORY

- supur i discribitori adella

in a E and an a

al depote the sel

Alexander Mar

"O" INTELL MARKET ALLERS CONTINUE TOUR AND A SECRETARY AND A SECOND

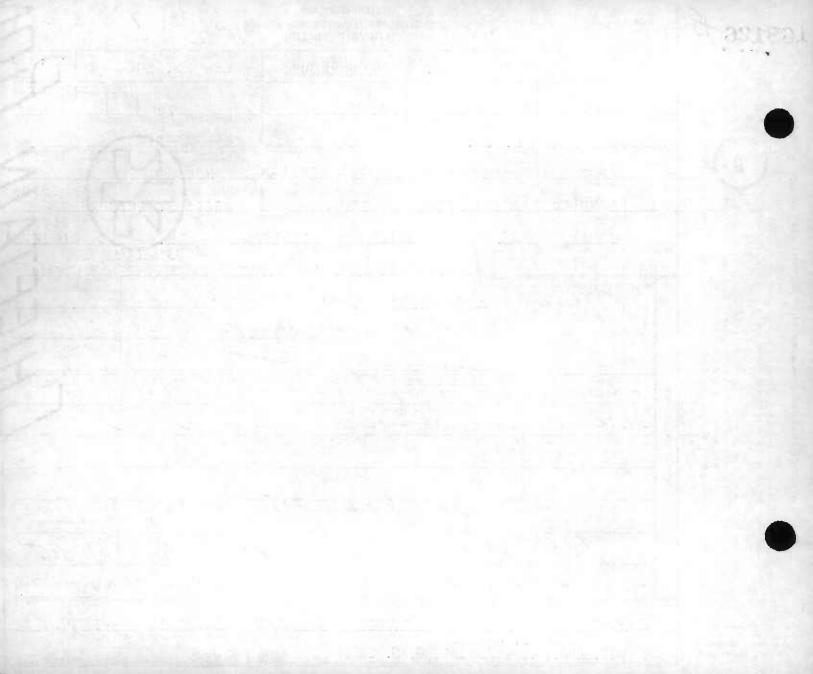
TEAM IS 1. COLLEN. SOL WILL STORM.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO. 26 HOUR 20. DATE OF DEATH MONTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE U.S. Secretary Govt. 13e.STREET ADDRESS / ZIP CODE 20814 5721 Grosvenor La. MIDDLE Clarke ADDRESS Duck Pond Ct. Herndon. 1481 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NO P NON YES T CITY OR TOWN COUNTY STATE 22c DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN Road Suitland Pr. Geo. Md. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

in Davidson Randall

191057 - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME Harding Irene M. PENE 4 RACE 3 SEX 5 DATE OF BIRTH White Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington, D.C. WIDOWEL. DIVORCED T Hospita. 30 STATE 13d INSIDE CITY LIMITS? Bethesda Montgomery Maryland NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ella Harding Richard 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 578-48-5446 John Harding 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY. acdio Du IMMEDIATE CAUSE Preumonits Aspiretion Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING TO AUSE OF DEATH HOUR A.M. MONTH DAY YEAR WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 TREET NOT WHILE 220.1 certify that (1) X46 , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated did the nor view the body ofter death DEGREE ATTENDING PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation Cedar Hill Crematory 24. FUNERAL DIRECTOR

5130 Wisc. Ave.

Washington.

Sons, Inc.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detained with the State MPORTANT:

80

4

	francisco (Santa		4	
6 25 25 10 3	Enrichme A. A.	134		
	AF to P			
Chemodra 201	V T	1	3 .0.0	, and midsus
leare tary U.S. Day's	fertono:		10	
SVR received in 2001A		obamidas 1	Nonth (Nonth	lansfers)
	ALM N	Horset	- 1	Intel®
ophiani . to bed to a loridge	album moto dalla	on [1] on [1]		
	and and			
AVERAGE LATER OF				
GPL 1	9			
			Em gr	
21.00 1 to gr				
y Jukaland Pr. Geo. 16	hr E'll Comentor 200. ve. H 2000. J			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

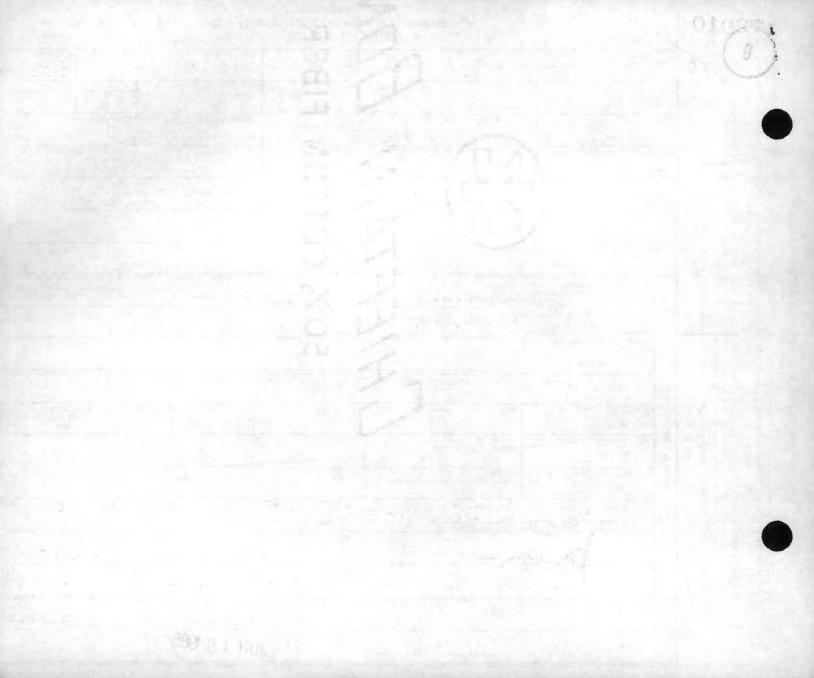
7 6 2 5

J	/	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	0.	7: 61.5	114	
1		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b HOUR	
	(TYPE	OR PRINT)	Mary		E. Ha	rring	gton	June 16,	1985		2:50A	
8	3. SE)			4. RACE		5. DATE (6. AGE (IN YEARS LAST BIR	THDAY}	IF UNDER I YEAR	HOURS MIN	
	F	emale	123	Caucasi	an		ary 14, 1915	70	YRS	MORINS DATS	HOURS MIN	
1		RTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH		
2	10 CI	New York	ATH		HOSPITAL, NURSI		DR OTHER INSTITUTION	120 USUAL OCCUPAT	Montgomery County 12a USUAL OCCUPATION 12b. 1TYPE OF WORK FOR MOST OF WORKING LIFE IND			
4	n	lnev			the facility, give street ery Gene		nenital	Homemaker	OF WORKING L	Own H	lome	
7	LISUA	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	/ 71D COD		One	_
2	455	rvland		gomerv	Rockvil		YES X NO	13810 Drake			153	
7		THER'S NAME					15. MOTHER'S MAIDEN NA	ME	011			
	74	William		J.	Young		Florence	WIDDLE		Daly		
,		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT		17. INFORMANT	ADDR	ESS	Dary		_
	{ 1	ves, no or unknown) No	I IF YES, GIV	E WAR OR DATES)	055-10-	7337	Mrs. Jane McC	lann Daughi	ter (Same as	item #	13
			H (Enter or	Ilv one couse per			THE JAME HE	Jann, Daugh	LL 9 1		MATE INTERVAL	
		PART I. DEATH Enter only one couse per line for Ios, (b), and Ics. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cereby Acc. Jet										
		Due to, or as a consequence of										
		Conditions, if any, which () Ash consequence of Prevening										
	1/3/	gove rise to immediate										
		underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										
	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
	Z									VEN IN PART TO	,	
7	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			20b. IF YE	S, WERE FINDIN	IGS USED	_
4	IFIC								IN CERTIFYING CAUSES OF DEATH			
1	ERI	21a. ACCIDENT WAS UN	DERLYING [21c. HOW INJURY OCCUR		,,,			
1		OR CONTRIBUTING		ALITY	M. MONTH D		Children and					
	MEDICAL	(IF EITHER NOTIFY MED-		21e PLACE		19	211 LOCATION					-
	ME	WHILE NOT W	HILE [REET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE	
		AT WORK AT WC		tell ettandad th	a described from		6/5 10 45		6/15	10 87	1 .631 31	_
	14	220 I certify that (1) saw the deceas					nd that in ((our) opinion	, 10		.,,	couses stated	151
	9-1	22b. SIGNATUR	did) (did no	Dview the body	after deoth.		DEGREE			22c DATE		
	104	10	~)	OL:			ATTENDING	MEDICAL STA	FF _	1	6/85	
1		22d PHYSICIAN	AND HUBE	B PRINTS			PHYSICIAN LE	DIRECTOR PHYSIC	IAN [1 611	6187	_
				Weiner,	M.D.		4701 Rando	1ph Rd.Ro	ckvi	11e, M	d.	
	23a. B	BURIAL, CREMATION,	REMOVAL	23b_DATE	230	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION				=
	- 1	SPECIFY) Buria	1	June 198	19, G		sburg Nation	nal Getty	sburg	Penns	White	ia
		JNERAL DIRECTOR		RT A.	PUMPHRE		VERAL 250. DAT	E REC'D. BY REGISTEN	Sb. RE SIS	TKAR'S SIGNATI	URE	_
	The second	HÖMES, F	***	***			D	UN 1 8 198	0			
		,	,		,							

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 8 shows any injury, ar other troumotic event, th



175058	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.	7626
nay be page 3		CEASED NAME FIRST OR PRINT; L/LL/AN	HARRIS 20. DATE OF DEATH MONTH	13/85- 210 HOUR 210 M
Page 4 ma director, po	3. SE	MALE	4. RACE WHITE SEPTEMBER 8, 1901 83	
decith. Po	N	RTHPLACE (STATE OR FOREIGN COUNTRY) EW YORK		OMGRY COUNTY MD.
2D1 ors ofter by the f filed with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (HEBREW-HOMETRED FOR GREATER WASHINGTON PRO OF WORK FOR MOST OF WORKING HOUSEWIFE	OWN HOME
LAND 21 Vin 24 ho In 24 ho Strould be er must be	M	TATE 136 COUP ARYLAND MON	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY	Zip R DRIVE20853
BALTIMORE, MARYLA on thin sper on 2 sign vol. t, the medical examiner	R	I CHARD VAS DECEASED EVER IN U.S. AR	LOBERSTERN WILHAMINA MIDDLE	BUCHMAN
TIMORE		ES. NO OR UNKNOWN) (IF YES. GIV	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT EMIL NASSAU, 5608 DUNDALK EMIL NASSAU, OXON HILL, M	MARY LAND
ST., BAL prifficat g physic anpoper emaval.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c).) IDBY: TE CAUSE (a)	BETWEEN ONSET AND DEATH ONL Month
Is that the death of the set of the cortex of the cortex or the cortex o		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c)	
2 200	MILION	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION DEPRESSION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF	
TALREC The low sicion. The hos but not permit permit permit sygiene price shows on the symmetry symmetry.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirent this certificate has been signs the burial-transit permit. The hand Mental Hygiene prior to locked or term 18 shows any injury orked or term 18 shows any injury	MEDICAL C	OR CONTRIBUTING CAUSE OF DEP (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DAY YEAR	COUNTY STATE
DIVISION TENDING PHY Sital or ottendi TOR. After this for use as the bi of the other hand in the other hand is marked or	~		ital) attended the deceased from 126 1983, to 613	. 19
TAL OR ALL OR ALL DIRECT AND THE HOSEN TO TOTE DEPT.		22b. SIGNATURE	DEGREE MD, ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	221. DAJE SIGNED
TO HOSPITAL OF retained by the ITO FUNERAL DII should be detach with the State De	22-	22d. PHYSICIAN'S NAME (TYPE C	- PATEL 6121 MONTROSE RD,	ROGEVILLE, M.D.
BP	B	IRIAL AUSTRAL RIPERTON, REMOVAL	6/16/1985 KING DAVID MEMORIAL GARDEN, TALLS	
DHMH - 16 50M 4/82 (VRA 15, 4)			HEBREW MEMORIAL FUNERAL HOME 150 DATE REC'S BY REGISTRARY SO, REC. N. W., WASHINGTON, D. C.	Deviden June 12

184147

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

7 6 2 7

Viola N. Hartley June 26, 1985	1	FOR STATE REĞİSTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENB 5	7 5	2 /
Viola N. Hartley June 26, 1985			IRST A	VIDDLE	L	AS1			26. HOUR pm
Temale Caucasian March 15			ola	N.	Ha	rtley	June 26, 198	35	8:45 M
Temale Caucasian	3. 9	SEX	4 RACE				6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
Nontgomery Count Nontgomery Countgomery Countgomer	1	Female	Caucas	ian			70		10000
Rentucky	7a		IGN 76 CITIZEN OF	WHAT COUNTRY?	8.	X NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
Bethesda Suburban Hospital Homemaker USDAT RESIDENCE (PINUSANG COM OR COMER RESIDIATION ONE RESIDENCE COMERS) IDS CAUSE (PINUSANG COM OR COMER RESIDIATION ONE RESIDENCE COMES) IDS CAUSE (PINUSANG COM OR COMER RESIDIATION ONE RESIDENCE COMES) IDS CAUSE (PINUSANG COMES) IDS COUNTY Maryland Montgomery Rockville VES NO 11015 Ralston Ro IAST (PINUSANG COMES) IDS COUNTY NO 134 MONTERS NAME FIRST 135 MOTHER'S MADENNAME FIRST 136 MONTERS NAME FIRST NAME FIRST 136 MONTERS NAME FIRST NAM	1	•	United	States			Montgomery (County	MD.
Bethesda USUAL RESIDENCE (# NUTSHOO NOW) CONDET ##STITUTION OF RESIDENCE OF MARY INSTITUTION OF RESIDENCE OF MARY INSTITUTION OF RESIDENCE OF MARY INSTITUTION OF RESIDENCE OF INSTITUTION OF ROCKYILLE Maryland Montgomery Rockville Montgomer	10	CITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION			F BUSINESS OR
USDALA RESIDENCE # HUMBANG ROUGE OF CHIEF HASTINGTON OF RESIDENCE BETORE ADMISSION 136 COUNTY	1	Bethesda	Suburb	an Hospi	tal				Home
Maryland Montgomery Rockville Maryland Montgomery Rockville YES M NO 11015 Ralston Ro 11015 Ralston Robert Roll Roll Roll Roll Roll Roll Roll Rol						1124 INISIDE CITY HANTS?			
Nash Nash Nash Omah Nash Omah Nash Nash Omah Nash Omah Nash Omah Nash Nash Omah Nash Nash Omah Nash Nash Omah Nash	/					**			20852
William Nash Omah no Was Deceased ever in u.s. armed forces? Idea Social Security No. 17 Informant Address If cause of Death (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). IMMEDIATE CAUSE (a) DUE TO, or as a consequence of couse (a), stating the underlying couse last. (c) DUE TO, or as a consequence of couse of the underlying couse last. (d) DUE TO, or as a consequence of couse of the underlying couse last. (d) DUE TO, or as a consequence of couse of the underlying couse last. (d) DUE TO, or as a consequence of couse of the underlying couse last. (d) DUE TO, or as a consequence of couse of the underlying couse last. (d) DUE TO, or as a consequence of couse of the underlying couse last. (d) DUE TO, or as a consequence of couse of the underlying couse last. (e) DUE TO, or as a consequence of couse of the underlying couse last. (d) DUE TO, or as a consequence of couse of the underlying couse last. (e) DUE TO, or as a consequence of couse of the underlying couse last. (e) DUE TO, or as a consequence of couse of the underlying couse last. (e) DUE TO, or as a consequence of couse of the underlying couse last. (e) DUE TO, or as a consequence of couse of the underlying couse last. (e) DUE TO, or as a consequence of couse of the underlying couse last. (e) DUE TO, or as a consequence of couse of the underlying couse last. (g) DUE TO, or as a consequence of couse of the underlying couse of the underlying couse last. (g) DUE TO, or as a consequence of couse of the underlying couse last. (g) BUILDER CONDETINE OF CONDETINE OF COUSE OF COUSE OF COUSE OF COUSE OF COUSE OF COUSE O		FATHER'S NAME	was in	1			ME	nous /	2000
The composition of the condition of th		1	WIDDLE				WIDDLE	not avai	ilable
NO 374-03-6427 Mr. Clifford Hartley, Same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (cc) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH P.M. 190 CONTRIBUTING CAUSE OF DEATH P.M. 190 DATE OF OPERATION 191 DATE OF OPERATION 192 CRONTRIBUTING CAUSE OF DEATH P.M. 192 TILL INCATION STREET 192 AT A CLIP OF TOWN 193 DATE CAUSE OF DEATH P.M. 194 DATE OF OPERATION 195 CRONTRIBUTING COURRED AT WORK 195 CRONTRIBUTING COURRED AT WORK 196 CONTRIBUTING COURRED AT WORK 197 CITY OR TOWN 198 CONTRIBUTING COURRED AT WORK 199 CITY OR TOWN 190 DATE CAUSE OF INJURY 190 CITY OR TOWN 190 DATE COURRED 190 And that in (C) (aur) appinion death occurred an the date and haur of above, (I) COURS	160	WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.		ADDRESS		
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)				374-03-64	27	Mr Clifford	Hartley Same	as item	#13
OR CONTRIBUTING CAUSE OF DEATH 19 19 19 19 19 19 19 1	NO	gove rise to immed cause (a), stating underlying cause	hich (b) liote the last (c)	P AS A CONSEQUE	ENCE OF	hand He	morthof INAL DISEASE OR CONDITION	DN GIVEN IN PART 1	day
OR CONTRIBUTING CAUSE OF DEATH (#EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE ALWORK NOT WHILE ALWORK AT WORK NOT WHILE ALWORK INJURY 220. I certify that (ILM Hospital) attended the deceased from sow the deceased diverse in the date and have a close, (ILM) (TIFICAT	19a DATE OF OPERATION	N 196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN	LIF YES, WERE FINDII CERTIFYING CAUSES YES [7]	
220.1 certify that (h. (h. hospital) attended the deceased from sow the deceased alive an obove, (h) (e) (did not) view the bady after death. 220. I certify that (h. (h. hospital) attended the deceased from sow the dece	MEDICAL CER	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL S 21d. INJURY OCCURRED WHILE NOT WHILE	M. MONTH DA M. DF INJURY	19	211 LOCATION	ED (ENTER NATURE OF INJURY IN I	TEM 18 PART OR PART 2)	STATE	
Patricia D. Kellogg, M.D. Berner 809 Viers Mill Road, Rockville 230 BURIAL, CREMATION, REMOVAL 236 DATE June Cremation 27, 1985 Metropolitan Crematory Alexandria		220.1 certify that (I) (II) sow the deceased above, (I) (a) (d) 22b. SIGNATURE	alive an Additional view the bady	after death.	35 1.0	nd that in ((aur) apinion of DEGREE ATTENDING PHYSICIAN	death occurred an the date a	nd haur and fram the	
Cremation 27, 1985 Metropolitan Crematory Alexandria		Patricia	D. Kellogg	, M.D. B.	ernten	809 Viers Mil		ville, Mar	yland
24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR 256. REGISTRA		Cremation	27, 1	.985 Met	tropo.	litan Cremato	cy Alexandria		irginia

Bethesda, Maryland

P.A.,

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

IMPORTANT: If them 21 is

and the state of the state of the state of Set of the Manual Manual Street of the

				STATE OF MARYLAND			
	1.	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HYC	GIENS 5	17628	
184051		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	D. 1	
		CEASED NAME ERST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR	
poge 3	(ITPE	OR PRINTI ELISABE	377+ R. 1	HAURN		6-21-85 1035	Am
you go	3. SE	(4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		_
Poge 4 i	F	EMALE	WHITE	FEB. 9-1904	81	YRS MONTHS DAYS HOURS MI	N.
a d in of	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
nero nero		ITALY	U.S.A.	WIDOWED DIVORCED	MON	TCOMERY CO.	MD.
er d	10. C	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OR
by th	R	OCKVILLE	(IF NOT INSUCH FACILITY GIVE STREET	COCOVE HOSE.	RET-ADMIN	VISTRIAGE HOSPITA	2
d d d d d	USU:	AL RESIDENCE (IF NURSING HOME OR	ITY IBL CITY OR TO	WN 134, INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
			TOOMERY GAITHE	RSBURG YES NO [10024 5	TEDWICK Rd. 200	979
and	14. FA	THER'S NAME	MIDDLE A JAST	15. MOTHER'S MAIDEN NA	AME MIDDLE .	LAST	
MA hed omple		ERWIN	KOEBEL	ELSE	V	ON HARTE	
MORE,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRE	SS 16520 GRANDE VIST.	TA DA
Pog mee		NO -	- 227-50	-4625 BEATRICE	H. JOHNSON	1 ROCKVILLE, Md 2	0853
sicio pers of.		18. CAUSE OF DEATH (Enter on	ly one couse per line for (41, (b)	and (cuf)	^	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEA!	lH.
T., E		PART I. DEATH WAS CAUSE	TE CAUSE (0) Velas	alu Ovarian	/ Cancer	months	
ON S ding orbo		and the birth	DUE TO, OR AS A CONSEO	HENCE OF			
STC eoth on, ume		Conditions, if ony, which	(b)	DENCE OF			
PRE de		gove rise to immediate couse (a), stating the	10)				
W. by the see of the other		underlying couse last.	DUE TO, OR AS A CONSEO	UENCE OF			
201 pled priol		PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONF	DITION GIVEN IN PART Line	=
quir quir quir sigi Then to b	Z						
RECORDS,	I	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED	_
	Ĕ				YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO	
VITA Vsicro core Core Hygie Hygie	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR			
Phy phy phy no 18	1	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR			
ONO Iding Is cell burid Men Or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION			
DIVISION OF VITAL ING PHYSICIAN: The r ottending physician viter this certificate in so the buriol-transit p th and Mental Hygier orked or frem 18 shap	ME	WHILE I NOT WHILE I	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOV	WN COUNTY STATE	
DIN OUN ON		AT WORK	and the state of t	6/15	6/2	21 10 85 11 11	_
T CSS T SS T SS T SS T SS T SS T SS T S		sow the deceased alive on	tal) attended the deceased from	Comment !	depth occurred on the do	ote and hour and from the couses stated	ast
R ATTI hospit ned for tem 21	1	above, (I) A Calar did no	t) view the body ofter death.	DEGREE		22c. DATE SIGNED	_
0 = 0 20 -			11 100	ATTENDING	MEDICAL STAF		
RAL det		27d PHYSICIAN'S NAME HYPEO	1 en our	PHYSICIAN [DIRECTOR PHYSIC	IAN O O ST	
HOSPITAL uned by th FUNERAL wild be dete		CA- DILL.	APRINT)	IN. ADDRESS	10 1 10000	Tuesday.	1
TO HOSPIT retoined by TO FUNER should be with the Std	_	SIEFHEN	NEWMAN	11300 01	LD GEOKGE!	OWN Kd, DEIn, F	101.
F = F = 7 3	23a. f	SURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	1
BP		CREMATION	6-23-1985 C	HAMBERS CKEM	· KIVERL	ALE PG.C. Md	_
DHMH - 16 50M 4/83	24 FI	JNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR		
(VRA 15, 4)	1111	WORMAEN	OF CO TWO Sil	WED SPOINT MEATH	0 1 100E	ia Davidson Randell	

THE NOTE OF THE PARTY OF THE PA THE WALL WAS A STATE OF THE PARTY OF THE PAR STEPHEN WESTERN USED OLD CERTERY IS SEEN IN CHENATION OF STANGE CHIEFRED CKETS. LOT EXCEPT A SEE ME. IN THE CONTRACT OF THE SHOW SHADE IN THE SECOND IN THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

YGIENE	5

v	1. DECEASED NAME FIRST	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
4	Donald	Clisby_	Ha	wkins		June, 7	1985	3:04P M
	1. 5EX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR		NITHS DAYS	IF UNDER 24 HRS.
	Male	Caucasian	Aug	ust 14,1921	63	YRS.		HOURS MIN.
I	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
6	North Carolina	United States	WIDOWE	A	Montgom	erv		MD.
	0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
1	Bethesda	Naval Hospital	DDRESS)		TYPE OF WORK FOR MOST C)F WORKING LIFE)	INDUSTRY	
	USUAL RESIDENCE (IF NURSING HOME OR		DANGGONA		Retired		USA	F
B	13a STATE COUN	13c. CITY OR TOWN	1	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		20716	
4	Maryland Prin	ce Geo's Camp Spi	rings	YES NO X	5512 Verno	n way/	20/46	
1	FIRST	MIDDLE LAST		FIRST	WIDDLE		LAS	
U	Fredrick	Hawkins		Callie	Mary		Cob	b
2	(YES, NO OR UNKNOWN) I (IF YES, GIVE	MED FORCES? 16b SOCIAL SECUR	RITY NO.	17 INFORMANT Mary	Elizabeth	Hawkin	s (wife	e)
		-1973 237-20-36	537		on Way, Camp			- /
1	18 CAUSE OF DEATH Enter on	ly one couse per line for (a), (b), and				- Prair	APPROXI	MATE INTERVAL
	PART I DEATH WAS CALISE			nilumo				, rise i mad sexing
	IMMEDIAI	E CAUSE (a) RESPITACE	JLY I	ariure				
	3 P. S.	DUE TO, OR AS A CONSEQUE	NCE OF				12.1	
	Conditions, if ony, which gave rise to immediate	(6)					-	
	cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF					
		((c)	Page 1				1	
П		ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
-	THE DATE OF OPERATION	THE CONDITION FOR WHICH O	STERNING	CAZA C RESECUENTA	120s AUTOP517	Test it ver	WERE FINDIN	are term
1	S I TE DATE OF GERANDIA	THE CONDITION FOR WHICH C	DE ENAMED	A WAS PERFORMED	THE ROTOP IN	IN CERTIFY	ING CAUSES	OF DEATH?
	27				YES NOW	YES		NO 🗆
9		HOUR A.M. MONTH DA	Y YEAR	The HOW INJURY OCCURS	RED TENTER NATURE OF SHILL	ET IN HEM TO PAR	D FOR FART 21	
1	S TEATHER HOLES WITH THE STANFORM	500 BOX (0.012) (0.000) (0.000) (0.000) (0.000)	19					
	SIG MAINTAN OCCURRED INTURK POLICY MEDICAL EVANABLE OR COMMERCIAN OF CHARGO OF DEV	21s. PLACE OF INJURY	Duster	711 LOCATION	con conto	100	countr	state
	White D Hot white D	(AT HOME STREET FACTORY OFFICE FA	AMCETCS.	The state of the s	Cirrorio		COUNTY	51.00
н		ol) attended the deceased from M	lay 1	, 1985	to June 7	• I	85	that (i) (we) last
	saw the deceased after on above of the deceased after and	The State of the S		d that in (my) jours opinion i	with occurred on the d	ate and hour	and from the	cooses stated
П	TTA SIGNATURE	1.11.110	- 11	DEGREE	NAME OF THE OWNER, OWNE		77c DATE:	SIGNED:
0	Allan W.	Cashell, LCDR,M	C HEN	MD ATTENDING PHYSICIAN	MEDICAL STA		18 TIM	IE 85
-	22d PHYSICIAN'S NAME (TYPE OF		0,031	22e ADDRESS	DIRECTOR PHYSIC	TAN D	10 000	- 35
	711	-11 TODD NO TO		Dath and N		- 1		
	Allan W. Cash	ell, LCDR MC USN		Bethesda Na	aval Hospita	3.L		

DHMH - 16 60M 7/84

(VRA 15, 46633 Old Alexander Ferry Road, Clinton, Maryland

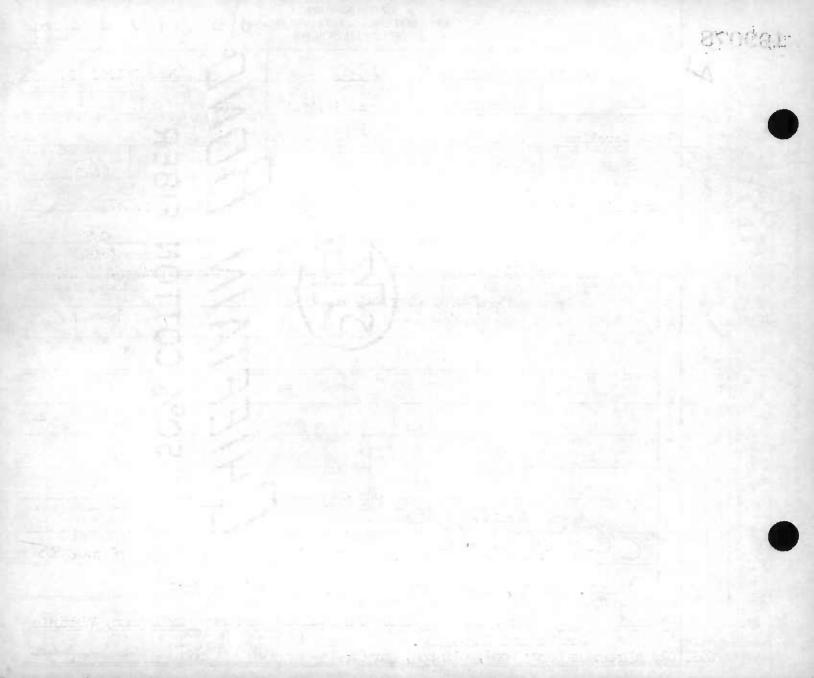
230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

24 FUNERAL DIRECTOR Lee Funeral Home, ALTIC.

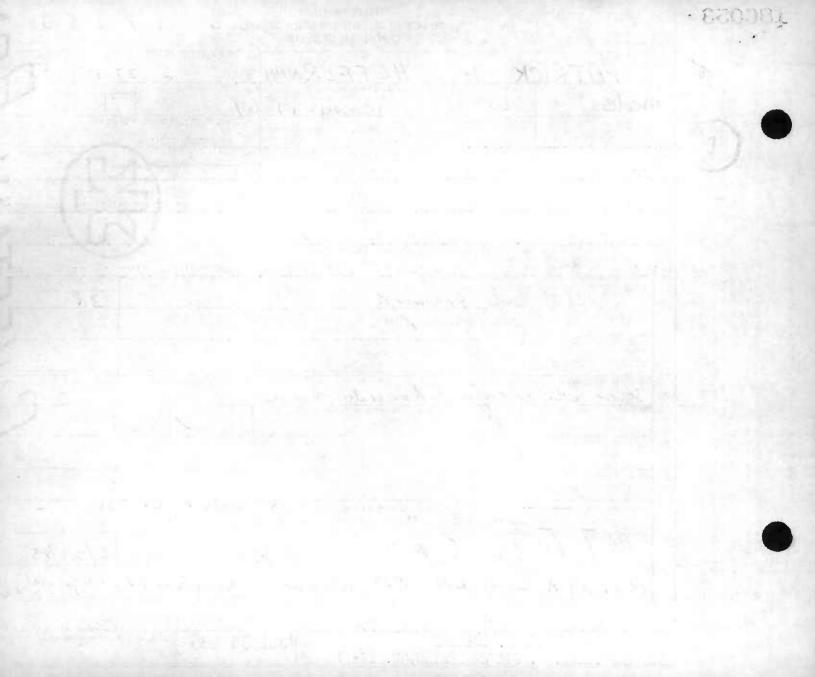
23c NAME OF CEMETERY OR CREMATORY

June 13, 1985 Arlington National Cemetery

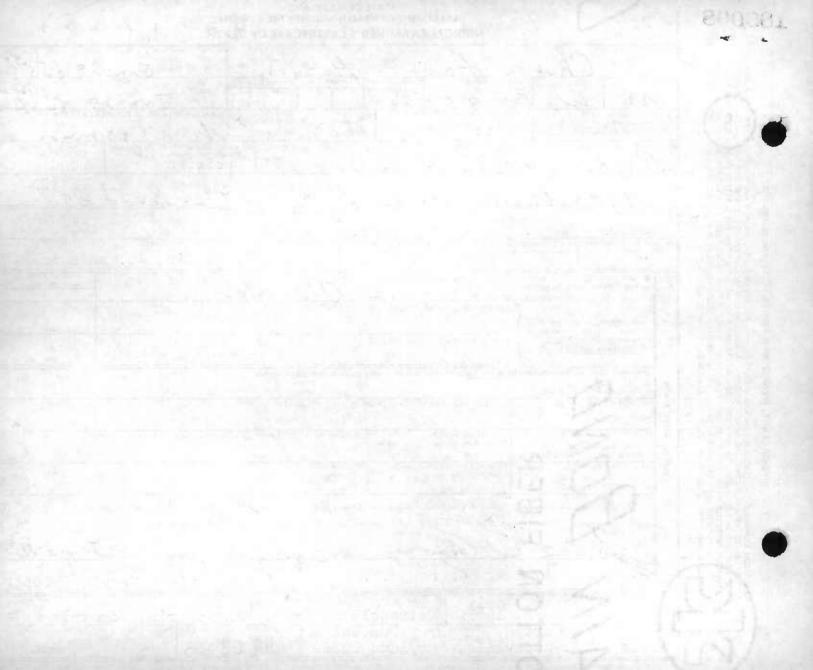
a Davidson-Randell



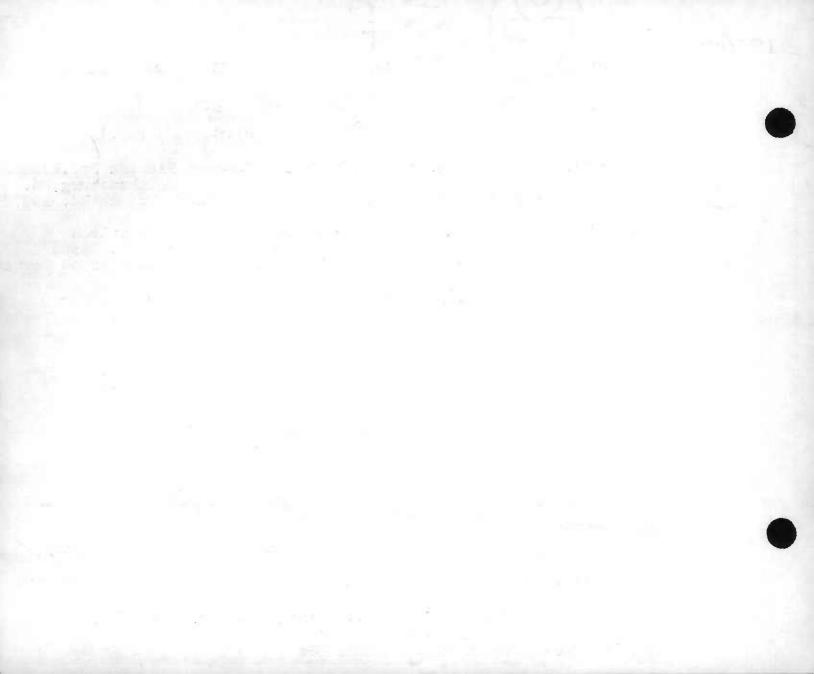
186053 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME AND DUE 20. DATE OF DEATH DAY 26 HOUR MONTH TYPE OR PRINTI 50 27 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 0 o. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WASHINGTON D DIVORCED WIDOWED MONTGOMERY CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SILVER SPRING HOLY CROSS HOSPITAL LEGAT CONSULTANT 1136 COUNTY 130 STATE 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MONTGOMERY MARYLAND STIVER SPRING 1508 WINDING WAYE LANE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MARY PATRICK HEFFERNAN FLAHFRTY ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) VFS ww 578-07-9935 KATHERINE M. HEFFFRNAN SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY neumona IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER! PM 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Januar sow the deceased alive on Jime , and that in (my) (and opinion death occurred on the date and hour and from the causes stated not) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STATE PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22e ADDRESS ld b 10313 Geogra Mence Site 308 Sitver for INCOLN 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OF TOWN COUNTY VIRGINIA ARLINGTON BURTAI ARITHGTON NATIONAL D BY 1985 RAR 216 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 60M 7/84 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901 (VRA 15, 4)



			STA	TE OF MARY	LAND			
189008	FOR		DEPARTMENT OF	HEALTH AND	MENTAL HYGIE	NE .	7 6 3 1	
2002	- STATE REGISTRAR		MEDICAL EXAMIN	IER'S CERT	IFICATE OF DE	ATH REG.	NO	
	DECEASED NAME	FIRST	WIDDLE	LAST		20. DATE KNOWN		110
1	TYPE OR PRINT)	0/ /	n	11	1.	OF ESTI-	9 - 0-114	1
LES. LORS.		Lh2Vles	Kowe	He	flin	DEATH MATED	Twach 919 00 1	an
LES POUR SET OF THE SE	EX	1. RACE 5. DATE OF B					MONTH DAY YEAR	要
- DATE /	11	1. 1 But	- 4 1 0 1		YS HOURS MIN	PRONOUNCED DEAD	1 - 1 2 10 1 7	-
1992V //	100	ATE OR 76 CITIZEN C	7 5 1128	RS.		P BALTIMORE CITY	OR COUNTY OF DEATH	M.
MAREN			OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	7. BALTIMORE CIT	T COUNTY OF BEATH	
OS SE	ashingt	on, DC Unit	ed States	WIDOWED [Mon	8 Ed mary	MD.
	CITY OR TOWN		HOSPITAL, NURSING HOM	E, OR OTHER INS	STITUTION 12a. US	SUAL OCCUPATION (1	TYPEOFWORK 126 KIND OF BUSINESS	
2 年 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2 日 2 日	R	1 11 / IF NOT IN SI	UCH FACILITY, GIVE, STREET ADDRESS)	1 6	FO	R MOST OF WORKING LIFE)	OR INDUSTRY Band	
30234	1 801	(VI 110 736	12 /3V20	EV.	141	usician		_
ZOI NY DE CLID	UAL RESIDENCE (. STATE	IF IN NURSING HOME OR OTHER INSTITUTE 13b. COUNTY	ON, GIVE RESIDENCE BEFORE ADMISS	I 13d INS	ISIDE CITY LIMITS? 13e ST	REET ADDRESS	, 20853	
SECTA ANY	111	A MINT		1/17/ YES	NO D	7312 B	vad Dr.	
	FATHER'S NAME	2 1 700 6 . 00	17 1000		OTHER'S MAIDEN NAM	IF.		
MD TH.	FIRST	MIDDLE	LAST		FIRST	MIDDLE	McCrae	
A See See	Charles				Rowena			
TIMO!	. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURI		FORMANT	ADDRE		
BALTIMORE, S. AFTER DEA GIVE PAGES PAGES IVISION	NO OR UNKNO	(IF TES, GIVE WAR OR DATES)	219-78-5	021 Ch	harles C.	Heflin,	Jr. same as #1	.3
URS AFTER S. GIVE PAWITH FOR WITH FOR PAGES DIVISION	The CAUSE OF	DE ATILIE	E 4 (1) 11 1 1 1 1 1				APPROXIMATE INTERVAL	=
E, DOUR	PART I DE	DEATH (Enter only one cause pe ATH WAS CAUSED BY:		n	isovde		BETWEEN ONSET AND DEA	тн
ON ST. 24 HOU ITEM 1B ITEM 1B ITEM 1B ITEM 1 PERMIT GIENE, I		IMMEDIATE CAUSE (a)_	o ely wo		10,00de	1		_
ALC OV		DUETO	D, OR AS A CONSEQUENCE	OF			Call Could be for the case of	
PRESTON ST., ITHIN 24 HOU! CIL IN ITEM 1B. VER. ALONG W WANSI PERMIT. AL HYGEIRE, F. REMOVAL.		s, if ony, which					and the contract of	
		e to immediate (b) DUE TO	O, OR AS A CONSEQUENCE	0.5				-
	lying caus		D, OR AS A CONSEQUENCE	Or				
TAL RECORDS, 201 HOULD BE EXECUTED RD. "PENDING" IN P HIEF MEDICAL EXA USED AS A BURRAL USED PRAITH AND MB IRPAL, CREMATION,		(c)_						
RECORDS, ID BE EXEC PENDING", MEDICAL D AS A BUR HEALTH AN	PART 2 OTHER SIG	INIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	NOITION GIVEN IN PART 1 a			_
TECORDS D BE EXE PENDING MEDICA AS A BU CREATH A		Vone						
TAL RECC HOULD BE RD "PEND HIEF MED USED AS OF HEALT	19a, D'ATE OF		ONDITION FOR WHICH OPE	PATION WAS PER	RECIPMED?		20 AUTOPSY?	_
MTAL SHOUL CHIEF TOFFE TOFFE		1/mes						
N S S S S S S S S S S S S S S S S S S S							YES NO.	2
P P P P P P P P P P P P P P P P P P P	21a. EXTERNA		RE OF INJURY R.A.M. MONTH DAY YEA		JURY OCCURRED LENTE	R NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
SET OF THE	UNDERLYING	OR CAUSE OF DEATH	P.M. 19					
S EQLISS	19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE		ACE OF INJURY (AT HOME.	21f LOCATIO)N			_
DIVIS HIS CER WRITIN WRITIN WARDED AGE 3 S ATE DEP	WHILE		T, FACTORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	E
DIV THIS C WARDI WARDI STATE D 21201	AT WORK	AT WORK						
	22a Leartif	y that I took charge of the remain	ns described above held on	Autapsy	. Inspection	Inquiry	and in my opinion	
WINER: IFICATE BE FOR CTOR: H THE S	10000	, LO	h [1	
WE BOTT	death resulte	ed fram: Natural causes	Acciden , S	vicide 🔲 , H	Hamicide Und	etermined manner	1.	
A VIEW A	ACDUAL 2	1 - 11		TIT	TLE (SPECIFY)		- 2 m	0
CAL EXA SHOULD ERAL DIR FIE ATH	MIGNATURE		1000	M.D	200, ME	DICAL EXAMINER	DATE June 3 091	U
DICAL FETHE FETHE FETHE FEATH	1	Tohn C	Daggers M	D	1919	Seminary	Road	
W CO S CO	MINER'S I	TAME JOIN 5.	Rogers, M.	D. ADDRE	silver	r Spring.	Maryland 2091	0
TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNEAL DIRECT BATTER CERTIFI			Tan MANE OF CE	METERY OR CREA				
F # # F 4 #	Cremati	OD Z 10			Cmam	LOCATION TY OR TOWN	COUNTY STATE	
BP		0, 20		olitan	Creili. A	rexandria	ı, Virginia	_
DHMH - 17		TOR Robert A.			E no.		GISTRAR'S SIGNATURE	
(VR A15 ME (5))	Homes,	P.A. Rockvil	le, Marylan	d 20850	0 111 0	3 1985	ia Lu mon-Randelle	
20M 4/B2								_



- 1			STATE OF MARYLAND	
84066	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH	6 3 2
ORADO		EASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
10 to	liter	Minnie	S. Heiser June 22, 19	185 2:25pm
0. 6	3. SE)			ER I YEAR F UNDER 24 HRS
is of		Female	CAUC. July 07, 1904 80 YRS.	DAYS HOURS MIN.
52/86		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF D	EATH
67		New York	USA WIDOWED DIVORCED Montgomery Con	MD.
100	10_CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 121	. KIND OF BUSINESS OR
7		Rockville	Collingswood Nursing Home Concert Pianist	Pvt.Lesson
	13a. S	TATE 13b. COUR	or other institution, give residence before admission) INTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS Gaither Legomery Gaithersburg XX no 429 Muddy Brance	sburg,Md. ch Rd. 20878
100		THER'S NAME	15. MOTHER'S MAIDEN NAME	
100		Julius	Weil Pauline Lem	ilson
5 5		'AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT SITTER SAPERFO Md	20906
2 1/	(1	ES, NOOR UNKNOWN) (# YES, GI	NE WARORDATES 104-54-2501 Sandra Vagins; 5 Rippling	Brook Court
- 4		18 CAUSE OF DEATH (Enter or		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
went,			inly and cause per line for (a), (b), and (c) ED BY: ATE CAUSE (a) Performance Breart Concer	Zms
0000		IMMEDIA		-
9		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
tra tra		gave rise to immediate	(b)	
the char		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
ō		BART 2 OTHER SIGNIFICANT	(c)	Definit 1
(n)	N	TAKE 2. OTHER SIGNIFICANT	Levand and tous Paris Property	e
ē à 5	ATIC	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO/SY? 206. IF YES, WEI	RE FINDINGS USED
ws or	IFIC		IN CERTIFYING	CAUSES OF DEATH?
ygiene 3 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	YES NO YES 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I O	
18 B		OR CONTRIBUTING CAUSE OF DE	eath Hour a.m. Month day year	
or Item	MEDICAL	(# EITHER NOTHY MEDICAL EXAMINES 21d. INJURY OCCURRED	21e PLACE OF INJURY 21f LOCATION	
P	ME		(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN CI	DUNTY STATE
ork		AT WORK AT WORK	20 1/02	
is is			ottended the deceased from 19 8 to 6 19 19	, that (I) (we) last
2 2		abave, (1) (we) toid [did no	n 19 0 ond that in (my) (and applicate on the date and haur and the body after death.	
Pep f He		22b. SIGNATURE		2. DATE SIGNED
9 E		X	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	0/22/81
RTAN /		22d. PHYSICIAN'S NAME (TYPE		1 C- 1/20
with the Stote		OK.	eger Runald 1205 Darrendon RC	Galdal
3 3	23e B	URIAL, CREMATION, REMOVAL		
	(Burial	6-25-1985 Mt. Lebanon Cem. Hyattsville, N	id.
50M 4/83	24 FU	NERAL DIRECTOR	Rockville, Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S	
15, 4)	Dat	nzansky-Goldber	rg Chapels; 1170 Rockville Pike N 27 7005 day Juidan	D 1.00



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	1	7	6	3	3
	DEG NO		•		-	

	12.	RECHOTRAR					ichil o	DEATH		REG. NO).		
		EASED NAME OF PRINTI	Frances		L .	Henn	esy		20. DATE OF D		25,198	35	26 HOUR
	1. SEX	Female		4 RACE Whi		S. DATE C		1896	6. AGE (IN YEA		YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Wa	ounigy) shington	n, D.C.	USA		WIDOWE	D	R MARRIED DIVORCED		gome	ry		м
1	C	hevy Cha	ase	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET A Willard A	venue		ISTITUTION	12a USUAL OF (TYPE OF WORK F	FOR MOST OF			Comm.
7	(3a, 5	MD THER'S NAME	Mont	tgomery	Chevy C	N	YES TO THE	CITY LIMITS? NO R'S MAIDEN NA	13e.STREET AU 5311	Will		venue /	
į		David	Br	ryant	Moore			Mattie		Mae		Ami	.88
		AS DECEASED ES, NO OR UNKNOW NO	EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 217-44-0		June	Clark/D	aughter		5 Pir		20854
		Canditions, if gave rise to cause (a), underlying	any, which immediate stating the cause last.	(b) DUE TO, O	r as a conseque	NCE OF							muaf
3	CERTIFICATION	19a. DATE OF OI	liky	Cane	ONTRIBUTING TO D	Call	On	an	CM CY 200 AUTOF	lu	20b. IF YES	, WERE FINDING CAUSES	NGS USED
7	MEDICAL CER		CAUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCURI	RED (ENTER NATU	JRE OF INJURY	Y IN ITEM 18 PA	ART I OR PART 2)	
	WE	WHILE D	NOT WHILE	(AT HOME STI	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STR		10.04	CITY OR TOW	/N	COUNTY	state that (1) (vie) las
		SOW/the de object illi	caused alive on	6/25/8	19	- 100	DEGREE		MEDICAL DIRECTOR	STAFF		and Iram the	causes stated
	1	HO		Bernton	n MD		27e ADDR	Bradley	Blvd.	Chevy	Chas	e. Md.	20815

230 BURIAL, CREMATION, REMOVAL 236. DATE

Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

6/28/85

5130 Wisconsin Ave., NW, Washington, D.C. 20016

24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc.

236 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

Brentwood, Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Roof, and only	(tennes)	. 200	m. K
10 to	, T V.)	ad tall	etam.
ight spigated	X	19	. , 5
.128FC pinot Hast	auteva lei	CON INC	emostic-yyantic
and American Archief II.		THEORY OF	
Le moteur of other	1/20	of database	biv-
	and Secret		oil
Control of the control			
THE PERSON OF TH		15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
and the second			
x June 26,1969			
erding sayd. Henry Chane, Mr. 20515		4. norman lin	
esetery Stentwood, Karyland	W. Linsoln :	6/21/85	Lalgin,

182057

all a ectar page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG.							REG. NO.	1 /	0	3	electronic and a second		
	1 DECEASED NAME FIRST				MIDDLE		LAST		20. DATE OF D	DEATH MONT	TH DAY	YEAR	26 HOUR	3
I			SUSAN	G		HEN			(W)	June		1985	4:04	
1	3. SEX	remale		4 RACE	ite		OF BIRTH	YEAR	6. AGE (IN YEA	RS LAST BIRTHDAY	MON1	HS DAYS	HOURS	MIN.
J	remate			Wf1.	rte	2	H DAY	0 5	80		YRS.			
1		IRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER	MARRIED T	9 BALTIMOR	E CITY OR CO	OUNTY OF	DEATH		
٩	0	hio		US	A	WIDOW		IVORCED [Montgor	me rsz	1737 MD		
7	10: CT	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NU	JRSING HOME	OR OTHER INS	TITUTION	120 USUAL OF	CCUPATION	1	2b. KIND O	F BUSINES	
4	Roc	ckville				Nursing	Home		Hou	Sewife	e I I	NDUSTRY		
4	JSUA	AL RESIDENCE (#	NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION			1			11	190	1
2		Md.	Mo	nt.	Whea		YES K	NO 🗌		George George	gia A	veni	ie	0
H	J4 FA	THER'S NAME		MIDDLE	LASI		15 MOTHER	S MAIDEN NA		MIDDLE		5	T	
4		John			Henry				(Únobtainable)					2)
		AS DECEASED E		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM			ADDRESS				
		lone	(1) (1) (1)	E WAR OR DATES;	301	22 678	\$ Pete	er LaRe	ose(So	n in 1	law)S	ame	as .	13E
		18 CAUSE OF D	EATH (Enter or	ly one couse per	line for (o), (b	or, and to						APPROXI	MATE INTERV	/AL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CONGESTIVE HEART FAILURE							-		200			
	2.4	DUE TO OR AS A CONSEQUENCE OF												
ı		Conditions, if any, which (16) ARTELIOSCLEROTIC HEART DISEASE							=	10)			
1		gave rise to immediate cause 101, stating the DUE TO, QR AS A CONSEQUENCE OF												
		underlying cause last. GENERALIZED ARTERIOSCIENOSIS							2	0				
1	z	PART 2 OTHER S)	
	01	CHA-OLI						•	PHEUMATOID ANTHAITS					
A	CERTIFICATION	TYE DATE OF OPERATION			IDITION FOR WHICH OPERATION WAS PERFORMED			DRMED	IN CERTIFYING CAUSES OF DEATH					1?
4	RT	100000000000000000000000000000000000000		2 411 71115 0	C IN LULIDAY	-	Van Honnin	LUIAV A SAVE		NOC	YES [NO 🗌	
1		21a. ACCIDENT WAS	_	110110 1		DAY YEAR	ZIE. HOW IN	IJURY OCCURI	RED (ENTER NATU	RE OF INJURY IN IT	JEM 18 PART 1	OR PART 2)		
1	ICA	TIF EITHER NOTIFY				19								1-1-1
ì	MEDICAL	21d. INJURY OCC		21e PLACE		FFICE, FARM ETC)	211. LOC ATT			CITY OR TOWN		COUNTY	STA	ATE
		AT WORK	I WORK											- 53
ı	30	220.1 certify tho					D	19_197	10 Ju	NE Z		82	that Ow	e) last
		saw the dec	eosed alive que e) (did did no	view the body	alter death.	19 8 3	nd that in (rty	(aur) apinian	death accurred	on the date ar	nd hour one	I from the	couses stat	red
1		226. SIGNATURE	-0/		1)	100	DEGREE					22c DATE		-
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (6-20-85)												
		22d PHYSICIAN'S	S NAME (TYPE C		. 1.	1	22e ADDRES	5 800 B	ERAHIN	16 DRI	NE			
		MOHN	6. 1	ASO	a, M	0-	SILV	ER S	BRING	~, MD	2	0910		
	23a. B	URIAL, CREMATIC	ON, REMOVAL	23b. DATE 6/26/	/05	23c NAME OF	EMETERY OR	CREMATORY	23d. LOCAT					
	(C r emati	.on	6/26/	85	Lee's	Crem	atory	Was	h.D.C	•	VINU	STA	ATE
1	24 FU	NERAL DIRECTO	R	11000	17			25a DAT	E REC'D. BY REC	SISTRAR 256. R	EGISTRAR'	SSIGNAT	URE	
	117	ines/Ri	naral	TT800	New New	Hamp.A	ve.S.	S.Md	IN 28 4	005	To Nov	idson-	Randel	2

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT. If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. af Health and Mental Hygiene priar to burial, cremation, at removal.

attending physician.

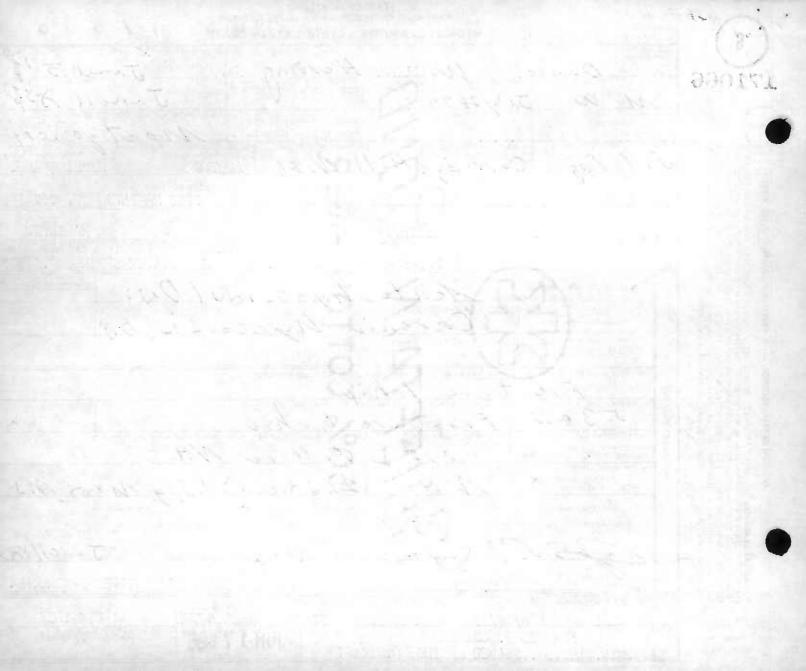
injury, ar ather traumatic

· 在上外在了一种的一个一个上面的 14 至15 THE L THE 13 THE STATE OF STREET TOTAL TOTAL STREET STREET STREET STREET STREET 200040 And Andrews Comments

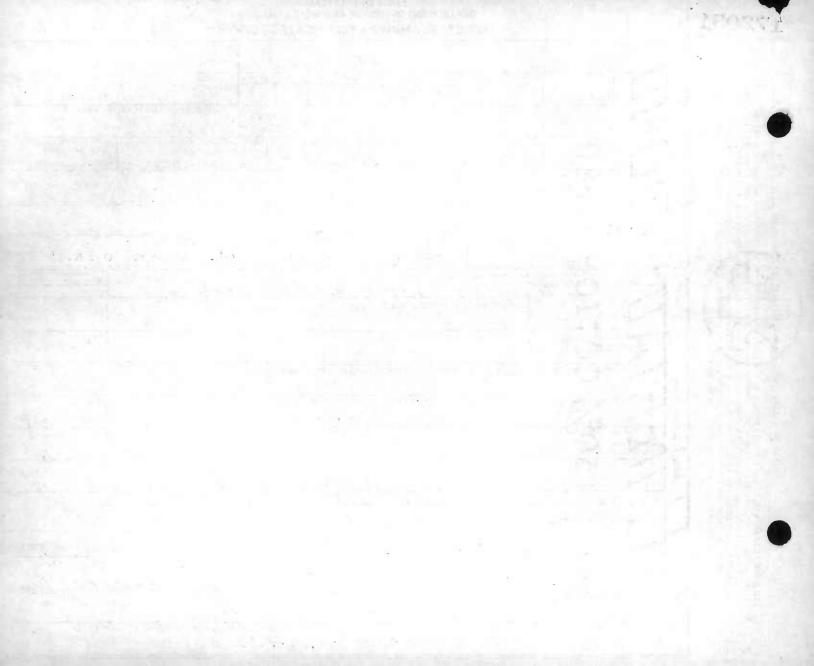
			100	STATE OF MARYLAND		
178141	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENS 5 1 7	6 3 5
TIGIAT	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAT	YEAR 26. HOUR
tor, page 3 offer death	(14bF	Thomas Thomas	G.	Henry	16/13/85	4:09 PM
pog od	3. SEX		4 RACE.	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
The office of th		Male	White	MONTH DAY YEAR	1/2	INTHS DATS HOURS MIN.
direct done	7- 91	TITI C	THE COUNTRY OF WHITE	10B 21 1922	11.0.1	DE DE ATU
To he had		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	PEAIN
de d		PA	U.S.A	WIDOWED DIVORCED	1110101	MD.
1 21 0 1	Tio. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
5 5 5	64	MITHORS BURG	1 . ()	love Hora Hosp	LABORER	TACTORY
10 11 11 11	USUA Die S	IL RESIDENCE (INNURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS	4446
Q Z E	1	PAAC/		SBUCG. YES IN NO 1	19626 WAG	Hex Chinalle
ATA THE STATE OF T	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	AME	
I AR	1/	FIRST ACROS	MIDDLE LAST	FIRST	ELLIE MIDDLE GIM	LAST
, 3 9 7 9 1	160 V	VAS DECEASED EVER IN U.S. AR	700-1		ADDRESS	CAITHERS BOKE, IND
MORE e execu	D	ES. NO OR UNKNOWN) (IF YES. GIV	VE WAR OR DATES)	1-7854 Mes France	- 11-18121/1	CHINCASPORE, 10,
LTIN ion rs.P		yes. w	WI 166-19	10 / / / / / RANCES	HORRY FECCUS	WELLINCE PO
ST., BALT strificate b physicia and papers. emaval. event. the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane couse per line for (a), (b), a		222 200	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d ST., BA			TE CAUSE (0) VEWTRICV (AR FIRRIUMTION -	CHPDIA A PRIMT	J AIRVO
O + Pood		11 N. S.	DUE TO, OR AS A CONSEQU	UENCE OF	- A - /	10 11 00
RESTO deat mave notion, traum		Canditions, if any, which	(1b) AOUT	Is and englisher in	PHENTIPN	12 4014
the the emp		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF		
that the by the ease real, cree	1.50	underlying cause last.	(c) 1874ADS	CEMPTU HEART DIJE	THE	54/4/25
n pleased		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	IN PART No
RDS, addirection sign.	No.	STEEL STATE OF THE				
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires the rattending physician been signed by the rise certificate has been signed by the buriol-transit permit. Then pleas the and intermite buriol, the and intermediate to buriol, and an area of the and intermediate to buriol, and an area of the antimited buriol.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES, Y	WERE FINDINGS USED NG CAUSES OF DEATH?
AL RE lo on. has has r per r	1 =	THE PERSON NAMED IN			YES NOTE YES	
A OF VITAL SICIAN: The ng physicio certificate h rriol-transit I	T W	210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T LOR PART 2)
OF Physical Physics of	1	OR CONTRIBUTING CAUSE OF DE	AIN	DAY YEAR		
PHYSICI ending is this cert the buriel of the following th	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
VISIG	¥	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
DING or o ofth morf			ital) attended the deceased from	WAF 12 10 DE	to LUNE 12 19	ST, that (I) (we) last
TEND Mal or OR: A or use f Heal	200			1/10	death accurred an the date and hour a	
OR ATTEN The hospital DIRECTOR Sched for und He Dept. of He	199	22b. SIGNATURE (\did no	ot) view the bady ofter death.	DEGREE		22¢ DATE SIGNED
L DIR	100	1/1/1/	M	ATTENDING	MEDICAL STAFF	6110-
SPITAL OI d by the NERAL DI be detach e State De TANT: H H	4	22d. PHYSICIAN'S NAME THE	000000	PHYSICIAN	DIRECTOR PHYSICIAN	1010100
HOSPIT inned by FUNER build be a build be a contain the Street of the St		00	1	11/1= = 12	20 000 1 00 OF141	1-01-0101 101
TO HOSPITAL of retained by the TO FUNENCE by the Should be detail with the State [IMPORTANT: If		DR GPETAR		1 12 17 + 145	to block dis. elete	145) 120 15 - NA
		CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Egenty of Mark
BP		DURIAL	16/17/15	VICTORIOS COMOTON	1 WILLIAMS PORT &	Lycola PA.
DHMH - 16 50M 4/B2	174	PERAL DIRECTOR	- 11 Pil 1 Phess	FIJ 1.11 PA1770 11N	E REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
(VRA 15, 4)	la	-1/2 Circled HI	Ch MCCollech Re-DA	LENS VILLIAMS PERTY	PO PRO SIMPLEMENT	Man - No. o -

and the state of

	-			FMARYLAND	
	NOT!	FOR STATE	DEPARTMENT OF HEAD	TH AND MENTAL HYGIENE	17636
-	. C. J.	REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	REG. NO.
1	0)	1. DECEASED NAME FIRST	WIDDLE		KNOWN MONTH DAY YEAR 126 HOLE
,	102	(Tree On Print)	1 (1) 7117140	4 CINCLA THE DEAT	ESTI-
4"	71066	D SEX A RACE S	DATE OF BIRTH 6. AGE (IN YEARS)	UNDER I VR. IF UNDER 24 HRS. 2c. DA	TOUR PA
-	2000年		and the same of th	SHEET DAYS HOWN MINE PRONOI	INCED T
	90000	MUV	W 428-90 94 YRS.	V DE	O VOICE IN TO P N
	SA SE	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED 19. BALTI	MORE CITY OR COUNTY OF DEATH
	SAS N	TENNESSEE	VID A	OWEDY VI DIVORCED	Month sones two
	SE S	HE CHYOLOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR		UPATION (TYPE OF WORK WAS KIND OF BUSINESS
	ALA HE	B. 4. Sac /1	LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	ALIDITA	
	N THE	USUAL RESIDENCE IN THE SHIGHOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	/V. C-/, AUDITO	R HUUSING ADM.
201	2965856	DE STATE NI COUNTY	13č. CITY OR TOWN	13d INSIDE CITY LIMITS? 13e. STREET ADD	
- 5	T S ROW	MARYLAND PRI.GE	ORGES HYATTSVILLE		900 HAMILTON ST. 20781
a d	T-4004//	HILFATHER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NAME	MIDDLE LAST
, W	30037	DANTEL W.	HERRING	ARBANA	HAMILTON
8	NA STORY	III WAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT DAUGHTER	ADDRESO 001 PORTLAND ROAL
E	25 A A A A A A A A A A A A A A A A A A A	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR	116-10-5557	NANCY H. RODGERS	SILVER SPRING, MD. 20901
- 2	SOF S	VES WW I	ne cause per line far (o), (b), and (c).	INANCY II. ROPOLING	APPROXIMATE INTERVAL
15	MATA WATER	PART I DEATH WAS CAUSED BY	1 1	1	BETWEEN ONSET AND DEATH
Z O	A SERVICE A	SSS () IMMEDIATE C		MYOUS VOIL	NN,
153	MESTA	Conditions, if only, which	DUE TO, OR AS A CONSEQUENCE OF	1.	, , , ,
2	ESASAR	gove rise to immediate) (b) Lasonec	Myacard	Lal. DIY
*	NAME NO	cause (o) stating the <u>under</u> - lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		V V
28	PASSES.	lying cause lost.	(c)		
DS.	ANEXOR	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	EASE OR CONDITION GIVEN IN PART 1 In	
ő	BE EXE ENDING MEDICA AS A BIL ALTH A CREMA		7 . / h:	^	
RE		190. DATE OF OPERATION 3 0 30 210. EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATIO	I WAS PERFORMED?	20. AUTOPSY?
3	HEF PARE	5-30-50	5 - 4	1 6 -	
5	200 878	21g. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 121b	e, no	YES NO
9	KAESAS.	LINIDERIVING LOS	HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED LENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PART 2)
o N	E-55589	CONTRIBUTING CAUSE OF DEA	TH P.M. 3 25 19 (3)	Fell in N	Pt.
× 55	HESSER _	CONTRIBUTING CAUSE OF DEA	216 PLACE OF INJURY (AT HOME. 211.	LOCATION	
ō	記載品級品名が 1000円 10000円 10000円 10000 10000 10000 10000 10000 10000 10000 100	WHILE NOT WHILE AT WORK	111-14	2 1 Ava 3	OWN COUNTY STATE
	T WAS TO				ing month
	MARSHA Z	220. I certify that I taok charge at	the remains described above, held on Au	tapsy , Inspection . Inquir	y L, and in my opinian
-	ME HOLE	death resulted from: Natural c	auses . Accident . Suicide	, Hamicide, Undetermined	manner,
	A SEBER	ACTUAL 201	2/	TITLE (SPECIFY)	- 1/100
-	4#54£#	SIGNATURE	1 agree	M.D. DE MEDICAL EXA	MINER SIGNED WNC// 196
	NA SAN	EVALUE NAME	8	0	
	★ 四年 日本	M TYREOR PRINT) JO	HN S. ROGERS	ADDRESS 1919 SEMINARY	ROAD, SILVER SPRING, MD.
	588588	230 BURIAL, CREMATION, REMOVAL 236 (DATE 23c. NAME OF CEMETER		
407/84	BP		/14/85 ARLINGTON		
25M	40.0		J. COLLINS	250. DATE REC'D. BY REGIST	PAR 256 REGISTRATESISIONATURE
	DHMH - 17 (VR A15 ME (5))			JUN 1 7 198) Sample Manual Control of the Contr
	(500 UNIV KIVD. W.	STILVER SPRING MD. 209	UI I	



7.			STATE OF MARYLAND			
172051	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6 7 7		
TIMOR	1'	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 0 1		
		CEASED NAME FIRST	MIDDLE LAST Za. DATE KNOWN 77 MONTH	DAY YEAR 126. HOUR		
	(TYI	E OR PRINT)	HERRMANN DEATH MATED & G	16 10 FST M		
ASE OR URS URS	2.00	WILLIA				
E C E ST	3. SE.	4. RACE	S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	20. 1100K		
PDIR N	11	n CAUC	10 10 28 56 YRS. DEAD 6	17 1985 152 M		
SSA Y AL	70. B	RTHPLACE (STATE OR	176 CITIZEN OF WHAT COUNTRY?			
S. S	FC	Penn.	MARRIED NEVER MARRIED	6		
S NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. W WHELION STREET,		ITY OR TOWN OF DEATH	IISA WIDOWED DIVORCED MONTGO MET	126. KIND OF BUSINESS		
AGE AGE	7.0	IT OR TOWN OF DEATH	(IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)	OR INDUSTRY		
YOU WIN	R	OCKVILLE	5333 RANDOLPN PD APTS Manager 7-11	Store		
A N S S S S S S S S S S S S S S S S S S	USU.	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	111250		
AND 3		TATE 13b. COUN	NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO 1 5333 RANDOLPY	The Spirit		
2	- I	ATHER'S NAME	IS, MOTHER'S MAIDEN NAME	IVB ITFI S		
19 11-30EG	1	FIRST	MIDDLE LAST FIRST MIDDLE	LAST		
一		Kenneth	Herrmann I.ena Med Forces? 166. SOCIAL SECURITY NO. 17. INFORMANT 505 TurkeyPDR**dge	Rink		
O HAD Z	160.	WAS DECEASED EVER IN U.S. AR	E WAR OR DAYES)			
RE ALTINGONES VIEW PAGES	1	ZES WWI	1185-22-7294 Judy Slavick (Sister) Apol	Lo, Pa. 15613		
BATTING URS AFTER S GIVER WITH FE DIVISION			nly one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL		
0		PART I DEATH WAS CAUSE	DBY:	BETWEEN ONSET AND DEATH		
W. PRESTON ST. D WITHIN 24 HC ENCIL IN ITEM 1 AMINER ALONG TRANSIT PERMI ENTAL HYGENE. REMOVAL.		IMMEDIA	TE CAUSE (o) WS HOT WOONS HEMS			
2 7 4 2 1	100	Conditions, if any, which				
A NE		gave rise to immediate	e / (b)			
TED WITHIN PERSI		couse (a) stoting the <u>under</u> lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
		lying coose lost.	(c)			
ULD BE EXECU- ULD BE EXECU- "PEMDING" IN "PEMDING" IN SED AS A BURI HEALTH AND CREMATION, C		PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).			
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICALE. B SHOULD BE USED AS A BIE EPARTMENT OF HEALTH AN PRIOR TO BURRAL, CREMATION.	Z	and the second				
LE A LEAL	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?		
TAL R CHIEF USEI OF H	13		THE CONDITION ON WHICH OF ENAMON WAS TEN ORMED;			
OF VIII	1 5		· · · · · · · · · · · · · · · · · · ·	YES NO D		
CATE HE W ULD I	7 8	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY LORP HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	ART 2)		
SION OF VI VITE/CATE & G THE WO O TO THE SHOULD BE PARTMENT	1	CONTRIBUTING CAUSE OF		TEMPLE		
CERTIFING TOPED TO	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (ATHOME, 21f. LOCATION			
DIVI S CE RITIN RDEI SE 3 E DE	2	AT WORK AT WORK	H	DUNTY STATE		
R: THIS TE, WRI DRWARD S: PAGE STATE		AT WORK AT WORK	TIME 0333 RANDOLPHIO ROCKUILLE	MONT. Mis		
∞ ⊢ ○ `		22a. I certify that I toak char	ge of the remains described above, held an Autopsy Inspection Inquiry and in my o	pinion		
MINER HFICAT BE FO CTOR: H THE LAND,		death resulted fram: Natu	Accident , Suicide , Homicide , Undetermined monner ,			
RY VIII		1	TITLE (SPECIFY)	A STATE OF THE RESERVE OF THE RESERV		
AA AA		SIGNATURE TOUCH	M.D. Dert MEDICAL EXAMINER SIGN	6/17/85		
EATA SEE	7/	SIGNATURE_	M.D. 9 MEDICAL EXAMINER SIGN	20814		
MEDIC. CUTE T SE 4 SI FUNER ER DEA		(TYPE OR PRINT)	ICIS C MAYLE ADDRESS 8200 WISCONSIN AVE BET	HESKA MIX		
TO MEDICAL E EXECUTE THE PAGE 4 SHOU FOR A S	22 5		ADDRESS	ACON INTO		
F Ш d F < Ø	230. B	URIAL, CREMATION, REMOVAL	CITY OR TOWN	UNTY STATE		
BP		Burial	6/21/85 Round Hill Cemetery Elizabeth, Pen	1.		
DHMH - 17		UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE		
(VR A15 ME (5)) 30M 7/73	L	ines/Rinaldi	. 11800 New Hampahire Ave S.S.Ma. 8 1985	301 and language		
	-					



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	STATE OF MARYLAND
OR .	DEPARTMENT OF HEALTH AND MENTAL HYG
ATE GISTRAR	CERTIFICATE OF DEATH
0.07	

REG. NO

ı		CEASED NAME , FIRST	THIPDLE	1.41	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOU	R
ı	(TYPE	ORPRINT, MARSHA	IL KOSE			6	13 85	11.4	-OM		
١	3. SE	x	I. RACE	5. DATE C			AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER	
	Salara .	Female	BLACK	MONTH 12	. 60	YEAR 13	71	YRS.	MONTHS DAYS	HOURS	MIN.
ì			b. CITIZEN OF WHAT COU	NTRY? 8.			BALTIMORE CITY		Y OF DEATH		
7	(COUNTRY)	USA	WIDOWE		RCED _	MONTG	omi	ERY		MD.
7	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N		R OTHER INSTIT	UTION	120 USUAL-OCCUPATION OF THE PROPERTY OF THE PR		LIFE) INDUSTRY	OF BUSINE	SS OR
1	K	ockville 1	to omac	Alley	NUKING	Home	House	wite	2		101
2		AL RESIDENCE (III NURSING HOME OR C			13d, INSIDE CIT	LIANITS2 II	13e STREET ADDRESS	Drug Fich	1	200	774
		Md Mon	rta Gern	nantoun	_	10 🗌	17455	ittle	ford K	9.	
i ji	14. FA	ATHER'S NAME	IDDLE 97 /	ST)	15. MOTHER'S A		E (MIDDLE	. /	<i>[]</i> LA!	ST.	
è	2	Andy	Johnson	N	He	nnet	Ta CATI	npbe	211		
1		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIA WAR OR DATES)	L SECURITY NO.	17 INFORMAN	1/4	ADDE	REAS	11 7	537	
	- '	TES, NO ORDINANCE IN THE S. BIVE	215-	38-35 lb	Gerale	tine i	to mond	(dau	anter 121	74 to 1	DIA L
		18. CAUSE OF DEATH (Enter only		(b), and (c).)	0 . 5			7	APPROX BETWEEPLY	MATE INTER	VAL DEATH A
		PART I. DEATH WAS CAUSED	BY: CAUSE (a)	esper	the	不见	ما		50	419,	1118
			DUE TO, OR AS A CON	ISECUIENCE OF		,				,	
		Conditions, if ony, which	(1b) M	that	un to	a he	un				
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
		underlying cause last.	DUE TO, OR AS A CON	SECULENCE OF) Lu	w			24	-	
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR COI	NDITION G	IVEN IN PART 1:	a,	
	ON					(
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	N WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FINDS			
	TIE						YES NO	4	YES [NO [
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF IN)	JURY IN ITEM 18	PART I OR PART 2)		
2	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION		CITY OR I	OWN	COUNTY	51	TATE
	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	OFFICE, FARM EIC	JINEE		4		•		
		220.1 certify that (1) this hospita	al) attended the deceased	from_NC	730	19. 5	, to fune	13	19 65	that (II) w	ve) last
		sow the deceased alive on above, (1) (v)e) (did) (did not	6/3	_19 6 , ar	that in my (a	ur) opinion de	eath accurred on the	date and ho	our and Irom the	couses sta	ited
		226. SIGNATURE			DEGREE		/		22c. DATE	SIGNED	
		X Willen	- N	1		ENDING YSICIAN	DIRECTOR PHYS	AFF ICIAN [6/1	3/8	5
1		224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS				-		
		WILLIAM	DANIEZ "	5	13-	15 E	FAST DE	THE	PK 1)	1.	
		BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CR		23d LOCATION				
		(SPECIFY) Burial	6-18-85	Achur	Comod	- 0 2011	German	town	. Mont		Id.

DHMH - 16 50M 4/83 (VRA 15, 4)

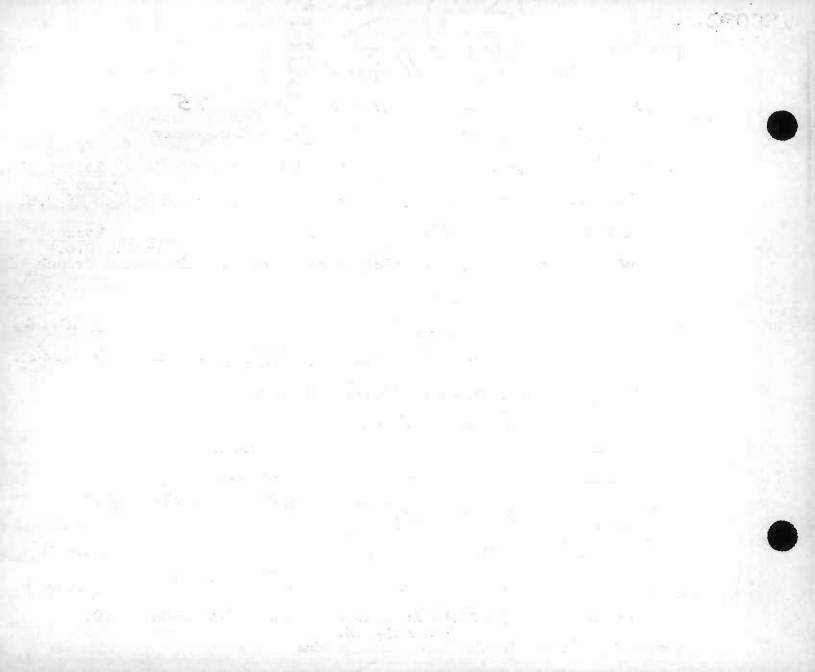
MPORTANT: If Item 21 is

George R. Snowden

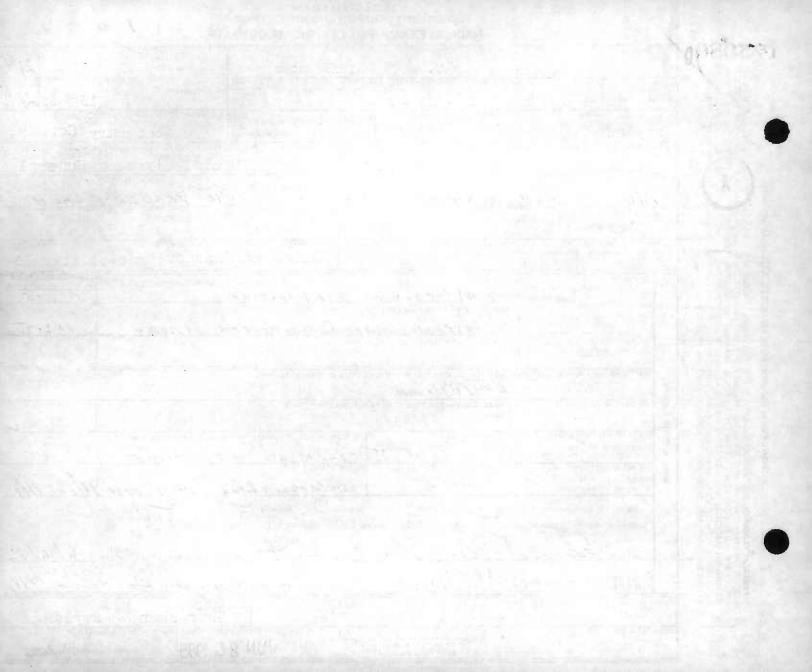
24 FUNERAL DIRECTOR

246 N. Washington Ste Rockville, MD 20850

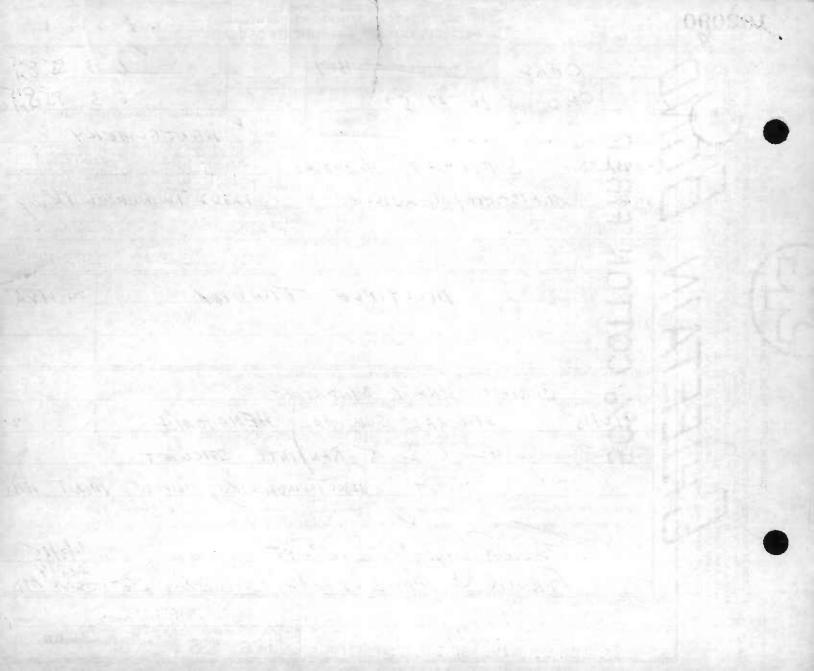
186092	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENES 5 1 7	6 3 9
oth. Page 4 may be erol director, page 3	1 DECEASED NAME (TYPE OR PRINT) 3 SEX 4 RAC 70. BIRTHPLACE (STATE OR FOREIGN FOREIG	MIDDLE S. MATE OF BIRTH MONTH DAY YEAR VIZEN OF WHAT COUNTRY? WIDOWED DIVORCED DIVORCED	7 7 YRS.	3-85 8 M UNDER 1 YEAR IF UNDER 24 HRS INTHS DAYS HOURS MIN.
724 hours often de de traffilied within	10. CITY OR TOWN OF DEATH 11. N. ROCKVIILE USUAL RESIDENCE IN NURSING HOME OR OTHER IN 13b. COUNTY Wash., D.C.	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION AND IN SUCH FACILITY, GIVE STREET ADDRESS) OF HOME CONTROL OF STREET ADDRESS) NOTITUTION GIVE RESIDENCE BEFORE ADMISSION 131. CITY OR TOWN WAShington YES X NO "	12e. USUAL OCCUPATION (IVPE OF WORK FOR MOST OF WORKING (FE) Owner (Retire) 13e. STREET ADDRESS / ZIP CODE 5800 Broad Bra	126 KIND OF BUSINESS OR INDUSTRY 1) Retail Clo 20015 anch Rd N.W.
o executed within on and completely Pages (Ond 2 a)	14. FATHER'S NAME FIRST LOUIS 160. WAS DECEASED EVER IN U.S. ARMED FOR UNKNOWN) (15 YES, GOVE WAR ON NO PENNOWN)		MAME MIDDLE ADDRESS Wash	Mostov n., D.C.
ORDS, 201 W. PRESION SI., BALLIMORE, MARTLAND 2120 requires that the death certificate be executed within 4 thousen signed by the attending physician and completely field in the 1. Then please remove carbon papers. Pages found 2 shades the fill or to buriol, cremotion, or removal. y injury, or other traumatic event, the medical examines in the right.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART OTHER SIGNIFICANT CONDITIONAL CONDITI	UE TO, OR AS A CONSEQUENCE OF (c) THOMS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TE	ERMINA DISEASE OR CONDITION GIVEN	2 weles 4 webe
DIVISION OF VITAL RECORDS, DING PHYSICIAN; The low requir or otherding physicion. After this certificate has been sign se as the buriol-transit permit. Then oith and Mental Hygiene prior to b marked or Item As shows any injury	210. ACCIDENT WAS UNDERLYING 21. 210. ACCIDENT WAS UNDERLYING 21. 210. POPULATION OF MEDICAL EXAMINER) 210. INJURY OCCURRED 21.	P.M. 19 e. PLACE OF INJURY IT HOME, STREET, ANCHORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	200 AUTOPSY? 206 IF YES, YN CERTIFY! YES NO YES URRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
D HOSPITAL OR ATTEN rouned by the hospital TD FUNERAL DIRECTOR: inhuld be detached for us inh the State Dept. of He MADRIANT; if Item 21 is	THE PHYSICIAN'S NAME (1797 OF PRINT) ALUDICIO 230 RURIAL CREMATION REMOVAL 730	the body ofter South 19 DEGRE ATTENDING PHYSICIAN 22e. ADDRESS S403 C. DATE 23c. NAME OF CEMETERY OR CREMATOR	To Sheet, Ch	221. DATE SIGNED (-23-86) (2088)
BP DHMH - 16 50M 4/B3 (VRA 15, 4)	24. FUNERAL DIRECTOR	6/25/1985 Adas Israel Cem Rockville, Md. 1256. D hapels; IT70 Rockville Pike	DATE REC'D. BY REGISTRAR 256. REGISTRA	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO LTYPE OR PRINTI OF ESTI-T. Hoffmaster DEATH MATED IF UNDER 1 YR. & AGE (IN YEARS TIF UNDER 24 HRS. DATE OF BIRTH DATE 67 PRONOUNCED Male June Cauca. 1918 DEAD 15 8.5 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Maryland United States County Montgomery DIVORCED 10 CITY OR TOWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bethesda Funeral Director Funeral Suburban Hospital JSUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 3n STATE 3d INSIDE CITY JUMITS? 13e STREET ADDRESS BRADLE MIN TOOME CHEUN CHASE YES DE NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thomas Isabel Hoffmaster Lewis 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? JAN SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) Höffmaster Thelma Same as item Yes WWT 1 9192 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: N/ FARITION ACU TE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ARTERIOSCUERNIC CARDIOVARCULAR gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION MPHYSEMA USED / 19a DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTMENT OF YES [NO F 210 EXTERNAL CAUSEWAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH COLLAPSOD 211, LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Hamicide Undetermined manner EXAMINER'S NAME 23a BURIAL, CREMATION, REMOVAL 23b DATE Burial 18,1985 Sharpsburg, Mountain View Maryland 07/84 24. FUNERAL DIRECTOR ROBERT 25M PUMPHREY 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** HOMES, P.A., BETHESDA, MARYLAND (VR A15 ME (5))



1	00000		500					ARYLAND	IVOIENIE		70.0			
1	8%000	1-	STATE		MED	ICAL EXAM	JEHEALIH	AND MENTAL H	OF DEATH		. /	0 4		
3500	10	I. DE	REGISTRAR CEASED NAME	FIRST	MED	MIDDLE	III IEK 3 C	LAST		REG ATE KNOWN	NO. MONT	H DAY Y	EAR 1 2b H	101
	Walana .		E OR PRINT)	2001		011170	H	104		OF ESTI-		3 198		15
	RESERVE	3 SE)	4. RAC	E	DATE OF BIRTH	DAVID AGE	IN YE RS IF UN			DATE	MONTH		EAR Zd. F	100
	- Bat 5	11		we	MONTH DAY	YEAR LAST BI	YRS.		MIN. PRON	NOUNCED	6	3 198	PIF.	15
14	装器と		RTHPLACE (STATE OR		76. CITIZEN OF WH		10		9 BA	LTIMORE CIT	Y OR COU	NTY OF DEAT		1
	10000000	No. 10	ASHTNGTON	00	11 0 1		WIDOW	IED NEVER MARR		MAITT	SOME	TRN		4.4
	お事業はよう人	10 C	TY OR TOWN OF DEA		11. NAME OF HOSP	ITAL, NURSING H		ER INSTITUTION	120. USUAL O	CCUPATION			F BUSINES	
	NE N		BETHESD	A	SUBUR	RAN	Hasp	ITAL		ENANCE		CENTE	RS FOI	R
5	NO SERVICE		AL RESIDENCE (IF IN NU	RSING HOME OR		RESIDENCE BEFORE AD		13d. INSIDE CITY LIMITS?	4851	FLOWER		EVANUL	THE	0
21201	PE SEL AN	30 5	MB	MICN	-	ROCKU	ILLE	YES NO	XXXXXX	XZXZXZ	XZXZX	OCXZXZX	ZXZXZ	X 2
WD.	T 125375	14. F	ATHER'S NAME		MIDDLE	LASI		15. MOTHER'S MAID	ENNAME	MIDDLE			1	-
	TAN SERVICE		EDWARD		J.	HÖY			RINE			WOERSDO	URFER	
BALTIMORE	N SECOND		VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SEC		17. INFORMANT		ADDR		OZOTED	711 1	Att
SALI	PAG SAG	N	0			219-50-	9752	RITA SEWE	ELL SI	AME AS	13	SISTER	IN L	Au
	MA 18 RAMIT I. E. D. L.	>	18 CAUSE OF DEAT PART I DEATH W	H (Enter only	ane cause per line f	ar (a), (b), and (c).) -					BETWEEN	ONSET AND D	AL DEAT
NO	1TEM 1 TIEM 1 TONG PERMI VAL.		8199	IMMEDIATE	CAUSE (a)	MULT		- //	AUMI			24	HV	2
REST	774=>0	13	Canditians, if a	anv. which	DUE TO, OR A	AS A CONSEQUEN	CE OF							
> -	PENCIL III AMINER L-TRANS AENTAL H I, OR REM		gave rise to cause (a) stating	immediate	(b)	S A CONSEQUEN	ICE OF				_			_
V 100	XAMIN XAMIN AL-TR MENT, N, OR	1	lying cause last.		DOE TO, OK A	(3 A CONSEQUEN	CEOF							
08.2	XECUTE JG" IN AL EXC AND M ATION	5	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	INTRIBUTING TO DEATH B	IT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	APT 1 cm					_
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ULD BE EXECUTION OF PERDING IN FERDING IN	Z			RONLE	BRANI		DROME						
Z.	SED A	ATA	190. DATE OF OPERA			ON FOR WHICH C		AS PERFORMED?	10000		11-3-0	20 AUTO	PSY?	_
T.		CERTIFICATION	6/2/83		EPID	URAL	SUBDO	JRAL H	EMAT	OMA	. 135	YES	□ NO	Z
OF V	S CERTIFICATE SHE RITING THE WORR RDED TO THE CH RE 3 SHOULD BE UE E DEBARTMENT O 01 PRIOR TO BUR	S. S.	210 EXTERNAL CAU		21b. TIME OF			OW INJURY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITE	M 18 PART I OR	PART 2)		
NO	SE S	Z Z	UNDERLYING CONTRIBUTING	OR Cause of De		6 2-19	051	RAN INTO	577	REE	T			
VISI	ARTING REDED GE 3 SH TE DEP	MEDICAL	21d. INJURY OCCUR WHILE NOT	RED	21 PLACE O STREET, FACTO	FINJURY (AT HOM		CATION	A CITY	OR TOMON		YTAUO	51	TAR
۵	E, WRI RWARD RWARD PAGE STATE	-	WHILE NOT AT W	ORK	STA	EGT	1280	00 TWIND ROO	KKUY	Moch	45	MONI	" W	1
	ATE. T		22a. I certify that	l taak charge	af the remains desc	ribed above, held	an Autop	sy . Inspectio	in 4. Inc	uiry .	and in my	apınıan		
	AMNER: RTIFICATI REFORE VITH THE RYLAND	1	death resulted fram	: Nature	causes .	Accident U.	Suicide	, Hamicide .	Undetermin	ed manner	<u>]</u> ,			
	AN MILE SERVE	4	ACTUAL	1	(0)1	1. 1.6	1.0	TITLE (SPECIFY)				. 11	1	
	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL TER DEATH, LITMORE, R	1	SIGNATURE	alle.	uce the	Wy 1	M	D. Dept	MEDICAL	EXAMINER	DAT	NED 6/3	185	
	WOE WEE		EXAMINER'S NAME	For	men C	May	15 1	1 830011	1	· A.	2	200	1900	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE BORG 4 SHOULD BE FOR TO FUNERAL DIRECTOR! AFTER DEATH, WITH THE BALTIMORE, MARYLAND	73a B	(TYPE OR PRINT)	EMOVAL 1221	DATE	122 NIAME OF	CEMETERY	ADDRESS 200 W	23d. LOCATI	ON	y 201	NGSA	7 101	2
07/0		(1	BURIAL	E.MOTAL 236	6/5/85			CEMETERY		INGTON	. D. C	YTMY	STATE	
07/84 25M	BP	24. F	UNERAL DIRECTOR	FRANCT	S J. COL		UNCER		REC'D. BY REG	CTDAD 175h D	EGISTPAD'S	SIGNATURE		
	DHMH - 17 (VR A15 ME (5))	50	NAME ON LINTU RIL				20901	JUN	16 19	35 Fresh	ia Waved	son-Rand		



	0	m £
	y b	dea
No	E	Her p
	e 4	orto s o
	00	40
	t c	22
	de	55
	te.	23
201	75	25
213	han	25
N	24	祖言
YEA	thin	36
AR	3	ald b
m, ≤	ofe	85
OR	×	pud
TIM	pe	0 6
BAL	ote	Sper
E	rific	phy
Z	e e	ding
STC	eat	Hen ve co
PRE	e d	o ou
3	± +	y th
10	\$	ed t
S	uire	ign en p
ORC	be.	en
EC	NO N	s be
ALE	on.	by the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retending physician.	After this certificate has been signed by the ottending physician and complished in the turning director, page 3 as the burial-transit permit. Then please remove corban papers. Fager 1 and 2 mounts to the depth death
9	CIA	ol-tr
NO	HYSI	is ce
ISI	P P	the the
2	Z	os os

OR ATTENDING PHYSICIAN: The for

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remave carbon popert with the State Dept. of Health and Mental Hygrene prior to burial, cremation, an remaval. IMPORTANT: If them 21 is marked or tem 18 stows any injury, or other traumatic event, the

DHMH - 16 60M 7/B4 (VRA 15, 4)

3. SEX 4. RACE 5. DATE OF HITH MONIA 3. SEX 4. RACE 5. DATE OF HITH MONIA 3. SEX 70. BIRTHPLACE (STATE ORFOREIGN 10. CITYOR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT A SUCH FACILITY, ONE STREET ADDRESS) 13. STATE MONIF MARYLAND 13. STATE MARYLAND MONUT M	MD. USINESS OR MENT STOT
3. SEX 4. RACE 4. RACE 5. DATE OF RIGHT MONITOR 5. DATE OF RIGHT 70. BIRTHPLACE (STATE ORFOREON OF DEATH USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOT IN SUCH FACILITY, CITY STREET ADDRESS) 2. LUER SPULNS HOLLY OR COUNTY OR TOWN OF BEST ATTER OR OF WORKING (IF) 130. CITY OR TOWN OF DEATH 131. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 132. STATE 133. COUNTY 134. STATE 135. COUNTY 136. CITY OR TOWN 137. INFORMANT 138. STREET ADDRESS / ZIP CODE 816. EASLey Street 20910 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. MODILE 16. MODILE 178. MODILE 179. MODILE 180. STREET ADDRESS / ZIP CODE 181. MOTHER'S MAIDEN NAME 182. STREET ADDRESS / ZIP CODE 816. EASLey Street 20910 184. FATHER'S MAIDEN NAME 185. MOTHER'S MAIDEN NAME 186. MODILE 187. INFORMANT ADDRESS 186. CAUSE OF DEATH (Enter only one couse per line for 191, (b), ord dict.) 187. INFORMANT ADDRESS 186. CAUSE OF DEATH (Enter only one couse per line for 191, (b), ord dict.) 187. INFORMANT ADDRESS 186. CAUSE OF DEATH (Enter only one couse per line for 191, (b), ord dict.) 187. INFORMANT ADDRESS 186. CAUSE OF DEATH (Enter only one couse per line for 191, (b), ord dict.) 187. INFORMANT ADDRESS Conditions, if only, which gove rise to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlying couse lost, more didnered to immediate couse (o), storing the underlyin	MD. JSINESS OR Ment Store Interval JAND DEATH
3. SEX 4. RACE 4. RACE 5. DATE OF BUTH MONITS 78. BIRTHPLACE (STATE OR FOREIGN USA 78. BIRTHPLACE (STATE OR FOREIGN USA 10. CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION (19. NOT TOWN OF DEATH 13. COUNTY 13. CITY OR TOWN 13. STATE 13. COUNTY 13. CITY OR TOWN 13. MODILE 13. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. MODILE 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE 18. CAUSE 19. CAUSE 18. CAUSE 19. CAUSE 18. CAU	MD. USINESS OR MENT STOR
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 18. MARRIED NEVER	MD. USINESS OR MENT STOTE
MARRIED NEVER MARRIED NEVER MARRIED NOTOTO MERY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LLVER SPLUNG HOLLY CROSS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE BEFORE ADDRESSION) 13a STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE BEFORE ADDRESSION) 13a STATE MARRIED NOTOTO ON ERY (IP NOT TO ON ERY (IP US USUAL OCCUPATION (IT NOT HOW FOR MOST OF WORK FOR MOST OF WORKING IFF) (IND US ADDRESS / ZIP CODE 816 Easley Street 20910 13a STREET ADDRESS / ZIP CODE 816 Easley Street 20910 14. FATHER'S NAME FIRST JOSHUAL MIDDLE FIRST AND HE STREET ADDRESS / ZIP CODE 816 Easley Street 20910 15 MOTHER 'S MAIDEN NAME FIRST AND HE FIRST AND HE FIRST MIDDLE (IND US AND HOW KNOWN) (IND US AND HOW KNOWN) (IND US AND HOW KNOWN HOW K	ment stor
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 USUAL OCCUPATION 120 USUAL RESIDENCE (IP NURSING HOME OR OTHER INSTITUTION 130 STATE 130 COUNTY 130 COUN	ment stor
USUAL RESIDENCE (IF NOR IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NOR INSTITUTION, SIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IF NOR INSTITUTION, SIVE RESIDENCE BEFORE ADDRESSON) 138. CITY OR TOWN 139. COUNTY MARYLAND 14. FATHER'S NAME FIRST JOSHUA 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. OUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.	ment stor
USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 138. COUNTY 138. STATE 138. STREET ADDRESS / ZIP CODE 816 Easley Street 20910 14. FATHER'S NAME JOSHUA 15. MOTHER'S MAIDEN NAME FIRST ANNA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR LINKNOWN) (16 YES, GIVE WAR OR DATES) 16 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 216 28 4456 Sharon Howlin above 18. CAUSE OF DEATH (Enter only one couse per line for 101, 161, ond 101) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (01, stoting the underlying couse lost) DUE TO, OR AS A CONSEQUENCE OF USE TO, OR AS A CONSEQUENCE OF UNDERLY CAUSE OF COUSE (01) DUE TO, OR AS A CONSEQUENCE OF UNDERLY COUSE (02) DUE TO, OR AS A CONSEQUENCE OF UNDERLY COUSE (03) DUE TO, OR AS A CONSEQUENCE OF UNDERLY COUSE (03) DUE TO, OR AS A CONSEQUENCE OF UNDERLY COUSE (03) DUE TO, OR AS A CONSEQUENCE OF UNDERLY COUSE (04) DUE TO, OR AS A CONSEQUENCE OF UNDERLY COUSE (05)	INTERVAL TAND DEATH
USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIÓN) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. CITY LIMITS? 136. EASLEY STREET ADDRESS / ZIP CODE 816 Easley Street 20910 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MIDDLE 16 MIDLE 16 MIDDLE 16 MIDLE 16 MIDLE 16 M	
Maryland Mont Silver Spring YES NO S16 Easley Street 20910 14. FATHER'S NAME FIRST JOSHUA WELLFORD 15. MOTHER'S MAIDEN NAME FIRST Anna Hopkins 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 216 28 4456 Sharon Howlin above 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF UNDERLY STATE CANCER OF LUIS (b), ond (c.) Social Security NO. (b), ond (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF Underlying couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.	
Joshua Wellford Anna Hopkins 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gover rise to immediate couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF UNDERLY CANCER OF LUIS (b), ond (c.) DUE TO, OR AS A CONSEQUENCE OF UNDERLY CANCER OF LUIS (b), ond (c.) DUE TO, OR AS A CONSEQUENCE OF UNDERLY CANCER OF LUIS (b), ond (c.) DUE TO, OR AS A CONSEQUENCE OF UNDERLY COUSE (o), stoting the underlying couse lost.	
Joshua Wellford Anna Hopkins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF OUSE (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.	
(YES, NO OR UNKNOWN) (YES, GIVE WAR OR DATES) 216 28 4456 Sharon Howlin above 18 CAUSE OF DEATH (Enter only one couse per line for ig), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	
18. CAUSE OF DEATH (Enter only one couse per line for ip), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gover rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Lung DUE TO, OR AS A CONSEQUENCE OF Lung DUE TO, OR AS A CONSEQUENCE OF	55
Conditions, if ony, which gover rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	1
gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	1.
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost	75
, (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF LEVEL 120b. IF YES IN NOT THE NEW YES IN N	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	
YES NO YES NO YES NO YES NO NEW YES NO YES NO NEW YES NEW YES NO NEW YES NE	10 🗌
OD CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY YEAR	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. IUJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) STREET CITY OR TOWN COUNTY	
21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
AT WORK AT WORK	
220.1 certify that (1) (this hospital) attended the deceased from 12/23, 19 to 19 that saw the deceased alive an 19 3, and that in (my) (our) opinion death occurred on the date and hour and from the cause	(I) (we) lost
obove, (I) (we) (did) (did not) view the body ofter death. 226 DATE SIGN	The state of the s
MILE A. ALL. MAD ATTENDING MEDICAL STAFF (12/2)	1
PHYSICIAN DIRECTOR PHYSICIAN 222 ADDRESS	
BRUCE A. SILVER, MD 106 Irving St. N.W. #441, Washington, D.C. 20	010
230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
(SPECIFY) CITY OR TOWN COUNTY	STATE
Burial June 14,198\$ St. Marys Cemetery Laurel, Maryland 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE	
Donaldson Funeral Home, Laurel, Md Jun 1 8 1985 Julie Deviden Rand	

180086 ·

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

William

Parker

60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.

Hurt

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE B CERTIFICATE OF DEATH

Tate

DECEASED NAME FIR	RST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
(TYPE OR PRINT) Arno	old Wyatt	Hurt	June 27, 1985		10:41 a
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male	White	Feb. 5 1909	76 yrs.	MONTHS DAYS	HOURS MIN.
. BIRTHPLACE (STATE OR FOREK	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH	
Virginia	U.S.A.	WIDOWED DIVORCED	Montgomery		MD.
O CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION		F BUSINESS OR
Bethesda	8120 Woodha	ven Blvd.	Retail Sales		il Co.
I3m STATE 13h	ONE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 134 CITY OR TO Ontgomery Bethes		8120 Woodhaven	Blvd.	20817
ATHER'S NAME	AND S LASY	15 MOTHER'S MAIDEN NA	AME	1467	-7-3

No No	(IF YES, GIVE WAR OR DATES)	215-14-7334	Margo Jurg	ensen. P.O.	Box 53,	Mt. Vernon. Va
18 CAUSE OF DEATH PART I. DEATH W.	H (Enter anly one cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c) Carcinoma Lur	ng			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, O	R AS A CONSEQUENCE OF				AL COPY
Conditions, if any, gove rise to imm couse (a), stating underlying cause	pediate g the last. (c)	R AS A CONSEQUENCE OF	I NOT SELATED TO THE	EDWIN A DISTASS OF CO.		
		ONTRIBUTING TO DEATH BU				
Hypertens:	ion, diabete	s, Abd. aortic	aneurysm, re	nal failure,	Peripher	al vascular D
19a DATE OF OPERAT	ION 19b. COND	TION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NO 2	IN CERTIFYIN	/ERE FINDINGS USED NG CAUSES OF DEATH?
21a. ACCIDENT WAS UND		FINJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF I	NJURY IN ITEM 18 PART	OR PART 2)

Virginia

			YES NO X	IN CERTIFYING CAUSE YES	ES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn county	STATE
22a. certify that (1) (this haspital)	attended the deceosed from 85 Mar	19 03	June	27 19 85	, that (I) (we) lost

saw the decease abave_(l) (we) (d	ed alive an	y 9 the bady after death.	19	., and that in (my) (au	r) apinion death accurre	d an the date and hour	and from the couses state	
22h. SIGNATURE	1	-		DEGREE			224 DATE SIGNED	Т

harles P. Juall ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN
PHYSICIAN 6/27/1985

22e ADDRESS

Charles P. Duvall. MD

3301 NM Ave. NW Wash. DC 20016

30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23h. DATE 6/29/1985	236 NAME OF CEMETERY OR CREMATORY Parklawn Memorial Park Ceme Rockville. Ma

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
NAME 5130 WI Ave. NW Wash., 20016

Rockville, Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: Afree should be detached for use as with the State Dept. of Health of IMPORTANT: If Item 21 is

or other troumatic

(VRA 15, 4)

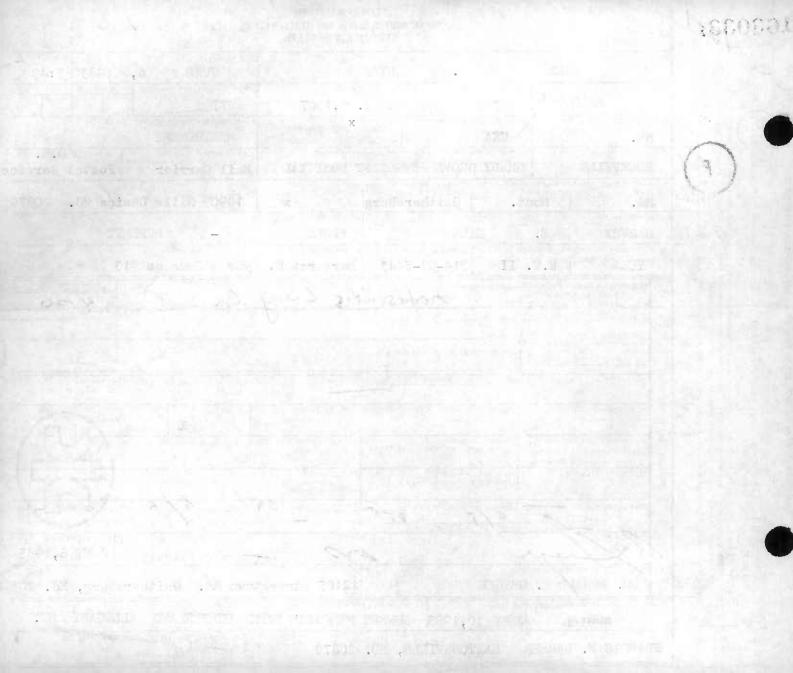
MEDICAL

```
5001, 12 onu 5 del 5 de 12 de 
                                                                5 :05
                                                                                                                                                                                                                                                                                                                                                                              75 1300 175
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   nick ti
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  X
                                                                                                                                                                                                                                                                                                           THE CARRY
                                                                      .ov fine of fine of the state o
                                                                                  ondings of 121.
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           dendred viero teo healysell
                                                                                                                                                                                                                                                                                                                                                                        this the second of the control of th
                                land of the contract of the co
igneries of a control of the control
                                                                    Sicolog F. Davidle F. David F. Soc. T. ve. Ber C 20016
                                                                      Jurial . William Musarial Sur au. odurille, Maryland
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          Then Im .ev. The Diff.
```

63033	/	FOR			DEPART		E OF MARYLAND EALTH AND MENTAL HYG	IENE 5	17	6 4	4
7		REGISTRAR				CERTIF	ICATE OF DEATH	REG. I		ħ	4
14 3 e		CEASED NAME	ARL		E.	HYDE	AST	JUNE	-	1985	2b. HOUR A
poge poge	3. SE			RACE	D.	5. DATE C	DF BIRTH	6. AGE (IN YEARS LAST B	6,	IF UNDER I YEAR	3:49 M
ge 4 r		MALE		WHITE			.29,1907 YEAR	77	YRS "	ONTHS DAYS	HOURS MIN.
rol dir.		IRTHPLACE (STATE OR I	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY MONTGOM	OR COUNTY	OF DEATH	MD.
		ITY OR TOWN OF DEAROCKVILLE	ATH 1	SHADY GROVE ADVENTIST HOSPITAL			120 USUAL OCCUPA (TYPE OF WORK FOR MOST Mail Carr	OF WORKING LIFE	INDUSTRY	l Servic	
n 24 hour fille hould		Md.		or other institution give residence before admission; UNITY 136 CITY OR TOWN ont. Gaithersburg				13e STREET ADDRESS 18909 Mi	#3 11s Cho	oice Rd	. 20879
ompletely od 2 s		HARVEY	E."	MDDLE H.	YDE LAST		FLORA FIRST	WE	BURKI	ETT LAST	
nnd co	160 \	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	ADDI			
be e		YES	W.W.	11	214-07-5	445	Margaret E.	Hyde Sam	e as #1		
the deoth certifico the attending phys remove corbon pop remotion, or remove		Conditions, if any, gove rise to imm couse (a), statin	AS CAUSED IMMEDIATE which nediate g the	DUE TO, O	R AS A CONSEQUE	ENCE OF	fic Lung	(q		11	MATE INTERVAL NOSET AND DEATH
quires that signed by hen please to burial, c	NO	PART 2. OTHER SIGN		ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIVE	N IN PART 1(0	1
the law retion. The law retion. The permit if permit if the prior	CERTIFICATION	19a, DATE OF OPERA		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY 3		WERE FINDIN	
SICIAN: Top physici certificate risol-transi entol Hygi frem 18 si		21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT OR PART 2)	
ING PHY r ottendii os the bu th and M	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ATTENDI ospital or sectors: A d for use it. of Heal m 21 is m		220 I certify that (1) saw the decease	d alve on_	view the body	19		d that in (my) (con) apinion a	death accurred on the	dote and hour	and from the c	
RAL OR RAL DIR!	1	71 MGNATUR	روف			-	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN [JUNE	6,1985
TO HOSPITAL (retained by this TO FUNERAL (should be detoo with the Store (IMPORTANT; If		DR. RONA	ΔE.	GREGER			12105 Darnes		aither	sburg,	Md. 208
BP		BURIAL, CREMATION, SPECIFY) BURIA		JUNE 1			MEMORIAL PAR			LEEGANY	udalles
DHMH - 16 50M 1/81 (VRA 15, 4)		RANCIS H.	BARBER	R LAY	TONSVITA	. MD.	20879 250 DATE	REC'D. BY REGISTRA	25h BECASTO	AREST GRATE	JRE &

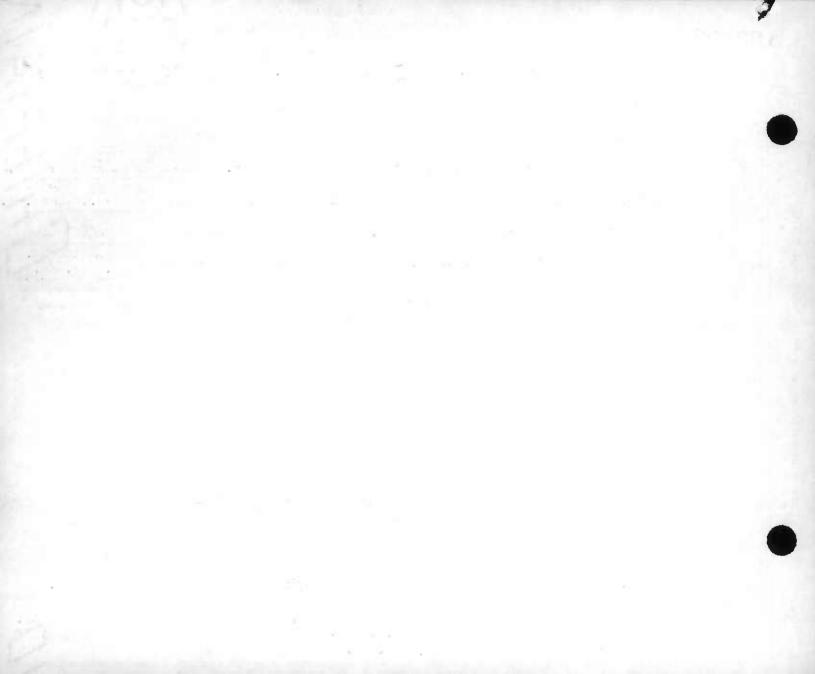
LAYTONSVILLE, MD. 20879

FRANCIS H. BARBER



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

9 1	FOR STATE REGISTRAR			DEPARI		ICATE OF DEAT		NS ⊃ REG. N	Ю.		
	ECPASED NAME	Eduar		A.	IMI	WOLD.	Jr.	a. DATE OF DEATH	MONTH 06-3	BO- 85	26 HOUR
3.5	Hale	4. 1	RACE Whi	te	5. DATE O		YEAR 12 6	AGE (IN YEARS LAST BE	YRS.	IF UNDER 1 YEAR	HOURS M
3	Maryland		USA	WHAT COUNTRY?	WIDOWE		CED [BALTIMORE CITY O	_	Y OF DEATH	
1	Takoma Park	. V	Washin;	gton Adve	entist	Hospital	L	ve usual occupative of worker Book!		12b. KIND (INDUSTRY Canan	da Dry
2 13a	Jal RESIDENCE (IF NURS STATE STATE STATE	13b COUNTY		GIVE RESIDENCE BEFORE TOWN Kensingt		13d. INSIDE CITY L YES K		3 STREET ADDRESS 0 204 Kensi	/ zip cob ington	Pkwy .	2089 , Kens
JI.	Eduard	Aug	gust	Imwo1	d, Sr.	15. MOTHER'S MA		Eleanoi		McC	ullough
/ 16a.	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	577-42-4		Virginia	a Mase	ADDR nheimer-si	9	106 Li	nton St
	Canditians, if ony gove rise to import cause (0), statist underlying cause	mediote ng the	(b)_	R AS A CONSEQU							
	gove rise to im- cause (0), statir underlying cause	mediote ng the e last. NIFICANT COI	DUE TO, OI	R AS A CONSEQU	DEATH BUT	NOT RELATED TO		AL DISEASE OR CON	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
CAL CERTIFICATION	gove rise to im- cause (0), statir underlying cause PART 2 OTHER SIGI	mediate ng the last. NIFICANT COI TION DERLYING CAUSE OF DEATH	DUE TO, OI	R AS A CONSEQUENT OF INJURY M. MONTH D	DEATH BUT	N WAS PERFORME	ED		20b. IF YE IN CERTI	S, WERE FIND FYING CAUSE ES [INGS USED
EDICAL CERTIFICATION	gove rise to importance of the course (0), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING	mediate mg the g tost. NIFICANT COI TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE HERE	DUE TO, OI (c) NDITIONS CO 19b. CONDI 21b. TIME O HOUR A. P. 21e. PLACE	R AS A CONSEQUENT OF INJURY M. MONTH D M.	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.)	211. LOCATION	Y OCCURRE	200 AUTOPSY? YES NO D CENTER NATURE OF INIT	20b. IF YE IN CERTI YI	S, WERE FIND FYING CAUSE ES [INGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to improve the course (0), stating underlying course (1), stating underlying course (1), and the	mediate ng the e lost. NIFICANT COI TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED ILL HILL OLITICAL TO THE COIL OLITICAL TO	DUE TO, OI (c) NDITIONS CO 19b. CONDI 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STA	R AS A CONSEQUITION FOR WHICH ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, e deceased from	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.) JUIN 85, on	211. LOCATION STREET 211 to CATION STREET and that in (my) (our	Y OCCURRED	200 AUTOPSY? YES NO D CENTER NATURE OF INIT	20b. IF YE IN CERTI YI YI IN ITEM 18	S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY 185 ur and from the	INGS USED S OF DEATH? NO STATE , that (I) (we) e causes stated
EDICAL CERTIFICATION	gove rise to improve the couse (O), statir underlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER. NOTIFY MEDI AT WORK [AT WORK [Sow the decess above. (I) (we) (22b. SIGNATURE)	mediate ng the e lost. NIFICANT COI TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED HILE COI (this hospital) ed alive of Utility did) (did not) v	DUE TO, OI (c) NDITIONS CO 19b. CONDI 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STR) ottended th ne 30 view the body	R AS A CONSEQUITION FOR WHICH ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, e deceased from	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.) JUIN 85, on	211. LOCATION STREET 211. LOCATION STREET and that in (my) (our) DEGREE ATTEM PHYS	y OCCURRED 9 85 9 opinion de	200 AUTOPSY? YES NO O	20b. IF YE IN CERTI YI YI YEEM 18	S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY 185 ur ond from the	INGS USED S OF DEATH? NO
MEDICAL	gove rise to improve the course (0), stating underlying course (1), stating underlying course (1), and the	mediate mg the programme of the programm	DUE TO, OI (c) NDITIONS CC 19b. CONDI 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, STR 10 ottended th 10 me 30 View the body	ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D OF INJURY OFFICE, FACTORY, OFFICE, e deceased from atter death.	DEATH BUT H OPERATION AY YEAR 19 FARM, ETC.) JUIN	211. LOCATION STREET 211. LOCATION STREET and that in (my) (our) DEGREE ATTEM PHYS 224 ADDRESS	y OCCURRED 9 85) opinion de NDING SICIAN	200 AUTOPSY? YES NO OF THE CONTROL OF INITION TO OTHER CONTROL OF THE CONTROL OF	20b. IF YE IN CERTIN Y! URY IN ITEM 18 DOWN dote and had	S, WERE FIND FYING CAUSE ES COUNTY 22c. DATI	INGS USED S OF DEATH? NO



DHMH - 16 60M 7/84 (VRA 15, 4)

Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. 1111 4 CO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR guia Davidson-Randell 1

Company of the second of the s

172447							UF MARTLAND		2 19	4 1	1 7
[72117]	1 -	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	REG. N		0 2	1 /
poge 3		CEASED NAME OR PRINT)	PATR:	ICIA	ANDERSO	-	ACKSON	JUNE 15,		AY YEAR	5:40 ^P
terd.	3. SE)			4. RACE		S. DATE C		6. AGE IN YEARS LAST 8		ONTHS DAYS	IF UNDER 24 HRS
		FEMALE		WHIT	E	JAN	31, 1937 YEAR	48	YRS.		
or once		CHICAGO,		USA		WIDOWE		9 BALTIMORE CITY MONTGOMI			MD.
20	10 CI	BETHESDA	ATH	(IF NOT IN SU	CLINIC	AL CENT	ER, NIH	120 USUAL OCCUPA (TYPE OF WORK FOR MOST SECRET			DE BUSINESS OR
36	13a. S M	AL RESIDENCE (IF NUR TATE ARYLAND		OTHER INSTITUTION	13c. CITY OR 1		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 1769 LONG	ZIP CODE	R ROAD	(21771)
100	JA FA	J. ARTHUR ANDERSON								RGUSON S	ST
41		(AS DECEASED EVER		MED FORCES? E WAR OR DATES)	16b SOCIALS		17 INFORMANT	CKSON (HUSBA		MF AS	ABOVE
4		18. CAUSE OF DEAT	1			0-6887	WILLIAM JA	CKSON (HOSDA	MID) SA		MATE INTERVAL ONSET AND DEATH
r to burial, cremption, or rem injury, or other traumatic evi	NOI	Conditions, if any gave rise to im couse (a), stati underlying cause	which mediate ng the last.	(b)	R AS A CONSE	EQUENCE OF ED APLAS EQUENCE OF HOPROLI	STIC ANEMIA FERATIVE DISE NOT RELATED TO THE TER		ndition give	5 YI	EEKS EARS
giene prio	CERTIFICATION	190 DATE OF OPERA				HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? YES X NO	IN CERTIFY YES	WERE FIND II ING CAUSES	NGS USED S OF DEATH? NO []
entol Hygie frem 18 sh		OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	CITY CONTRACTOR	OF INJURY L.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN.	URY IN ITEM 18 PA	RT I OR PART 2)	
rked or l	MEDICAL	AT WORK - AT WO	HILE DRK	(AT HOME S	OF INJURY		211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
Health of the office of the of		22a t certify that 2 saw the decea	(this haspi sed alive on	tal) attended to June 1	he deceased from	om_Nover		to June			
Sharte Day		276 SIGNATURE/	agh	a.j	Tronk	MO	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS NATI	☐ DIRECTOR ☐ PHYS		22c DATE	
Should be did.	102. 6	Joseph	A. 7	Frank	mo		CLINICAL CE	NTER, BETHE	SDA, MA	ARYLANI	20205
		URIAL CREMATION SPECIF CREMATI	ON		1985	BALT.	WASH . CREM.	LAUREE	P. GEOR		MD. STATE
16 50M 4/83 A 15, 4)	F	RANGIS H.	BARBE	R LAY	TONSVII	LE, MD.	20879 JU	N 19 1985	ma su	de Para la	



.

	1			STATE OF MARYLAND		
	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYC	GIENS 5	7 6 4 8
164037		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDOLE	LAST	10. DATE OF DEATH	OAY YEAR 25. HOUR
noy be poge 3		Elmor	~e	Jenkins	June	1 85 853 14
no de la	3. SE	14 1	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
rs of the		MAIE	DIACK	Sept. 26 1899	85 YRS.	
S Pronger	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
eoth eoth	4	11)d.	USA	WIDOWED DIVORCED	Montgomer	y Co. MD.
F S S S S S S S S S S S S S S S S S S S	11 -	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
by #	1 4	ethesda	42 . 1	lospital	Janitor (Ret	
212 be n bo	USU 13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) WWW / 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	, 20850
AND 2	2	Md. 111	onta Kock	VILLE YES NO [95 DAUSON &	FOR # 304
MARYLAND ed within 24 mpicely fillig and a hould	14. F	ATHER'S NAME	MIDOLE Y - IASI	15. MOTHER'S MAIDEN NA	ME	IAST
AM gund		Kawa	ind venti	ns VAII	18 DAUIS	111
MORE, I	16a	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS 90	3 N. Stones/reet
IMO In one		NO	2/4-03	3-33/2 Henry Jenk	Ins (Brother) Ro	ckville, Md.
SALT oste by sicio		18 CAUSE OF DEATH (Enter o	nly one cause per line for (0), (b),		7.1/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., 8 rhfico physon population		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a) CARCIO	- RESPIRATORY -	tAILURE.	
or rootic	4		DUE TO, QR AS A CONSEC	QUENCE OF		The state of the s
PRESTON ne death cr emove carb mation, or r froumatic		Conditions, if any, which	(16) CereBR	OUENCE OF DISCULAR DIS	ease'	
. + + 1000		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF	. ,	
201 W ned by please urial, cr		underlying cause last.	((c) 131 CA	TERAL SUBDURA	- Hematumps	3
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
SECORDS, low required by second signer in the reprior to be a prior to b	CERTIFICATION		Tie countries son with	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
SEC low	7 5	190 DATE OF OPERATION 5-9-85	- < 0	11 1 1	IN CERTI	FYING CAUSES OF DEATH?
TAL The icion te ho	1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	The trial Country to Dr	YES NO YI	NO [
Phys phys rifico litroriol Hy		OR CONTRIBUTING CAUSE OF DE	THE PROPERTY AND ADDRESS OF	AY YEAR	CENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
YSICIAN ding phi is certificational transitional	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	21f LOCATION		
1 C E . 75	MEC		(AT HOME, STREET, FACTORY, OFFK		CITY OR TOWN	COUNTY STATE
DIVIS or offer the east he east he marked		AT WORK AT WORK		5/9 10 80	5 6/1	05
A Paris		saw the deceased alive at	oitol) ottended the deceased from	" c f 1	death occurred an the date and hou	19, that (I) (we) last
ATT rospir ECT ed fo		obove, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter death.	DEGREE		226 DATE SIGNED
he he hoor		I. Non of	Omnon V	N D ATTENDING	MEDICAL STAFF	6-2-85
SPITAL d by t NERAL be der		724 PHYSICIAN'S NAME ITYPE	Colored &	PHYSICIAN [DIRECTOR PHYSICIAN	10 0 0 0
TO HOSPITAL TO FUNERAL Should be det with the Stote		F. DONALD	Cooney	#3 WASHIN	gton Circle	NW-WASH D.C.
TO HOS retained TO FUN should the with the	220	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		.//
RD.	2 30	(SPECIFY) POLI PIO	6-7-85	tsburge Como Tor	23d LOGATION CHORTOWN	COUNTY
BP	24.1	ON RAL DIRECTOR	74/	1/ 1/A/Sh 5+ 250 DA	VE REC'D. BY REGISTRAR 25b. REGIS	TRAK'S SKONATURE
DHMH - 16 50M 4/83	1	SOMMOD P.	swden BARRES	m J	141 - 4000 11	

16	5068	-	FOR STATE REGISTRAR		WE	DEPARTMENT	OF HEALTH	ERTIFICATE O	F DEATH	REG. NO.	5	4 9	
		1. DE	EASED NAM	e Gerald	ine	Post	J	ewell	OF	E KNOWN T	MONTH D	DAY YEAR 19 85	3 HOY
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D WITHIN 72 HOURS.	3. SEX		4 RACE	S. DATE OF BIRTH	YEAR 6. AGE		JDER 1 YR. IF UNDER	24 HRS. 2c. DA	TE DUNCED	MONTH E	DAY YÉAR	3:12
	NECESSARY UNERAL DIR 5 FOR YOU WITHIN 72	7a. BI	male RTHPLACE (S REIGN COUNTRY)	White TATE OR	Mar. 3,	1932 53 IAT COUNTRY?	YRS.	IED X NEVER MARRI	DE 9. BALI	IMORE CITY OR	6/8	19 85 OF DEATH	A.,
•	FUNE FUNE FOR FOR		Indian		U.S		WIDOW	ED DIVORC	ED O Mo	ntgomery		ty KIND OF BU	ISINESS
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	S	ilver	Spring	11510 S	Cility, GIVE STREET ADDR Lambertor	Court	EK II 4311 (OTIOI4	FOR MOST OF V	VORKING LIFE)		OR INDUST	RY
En m	ANY D AND 3 RETAIN HOULD RECOUD	13a. S		13b COUN	DROTHER INSTITUTION, GIV TY SOMERY	I3c. CITY OR TOV	VN	T3d. INSIDE CITY LIMITS? YESZER NO		DRESS Lamberto	n Cou	209	42
1419	PAN 3		THER'S NAM!		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
TIMOR	THIN 24 HOURS AFTER DE CIL IN ITEM 18 GIVE PAGE FER ALONG WITH FORM WASTI PERMIT PORCES IN AL HYGIERE, DIVISION OF REMOVAL.	16a. V		DEVER IN U.S. AR		Post 166 SOCIAL SEC		Agnes 17. INFORMANT	Laura		10 Mar	nchest	
T. BAL				PF DEATH (Enter on	ly ane cause per line	292-28- lar (a), (b), and (c)		Mary Chr	istine .	Tewell St	lver	Spring APPROXIMATE BETWEEN ONSE	E INTERVAL
PRESTON ST					TE CAUSE (a)Le	ukemia. AS A CONSEQUEN	JCE OF					2 yrs	•
` ≥	AAMIN AENT, OR , OR ,		gave ri	se to immediate stating the <u>under</u> -	< , , , , , , , , , , , , , , , , , , ,	AS A CONSEQUEN	ICE OF						
CORDS,	ULD BE EXECUTE "PENDING" IN FF MEDICAL EX FED AS A BURIA "HEALTH AND A AL, CREMATION	N O	PART 2 DIHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	DUT NOT BELATED TO THI	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT-1 to L			5	
ITALRE	SHOULD OND "PER CHIEF M CHIEF M E USED A FOR HEA	CERTIFICATION	5.75	None		ION FOR WHICH	PERATION W	AS PERFORMED?				20 AUTOPSY	? NO [
DIVISION OF VITAL RECORDS, 201	RTIFICATE SHOULD THE WORD "PIND TO THE CHIEF! SHOULD BE USED BARTMENT-OF HE RIOR TO BURIAL.	CAL CERT	21a. EXTERNA	AL CAUSE WAS OR NG CAUSE OF I	216 TIME OF HOUR A.M DEATH P.M.	MONTH DAY	YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T 1 OR PART 2)		
DIVISION	WARDED 1 WARDED 1 PAGE 3 SH TATE DEPA 21201 PRI	MEDICAL	WHILE AT WORK	NOT WHILE E	STREET FACT	OF INJURY (AT HOA ORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUNTY	1	STATE
	т. Ш ~ (7)		22a. I certi		ge of the remains desc ral causes X ,	Accident ,	on Autap	, Hamicide	n 💹 , Inqu	′	ın my opınic	on	
•	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BARTIMORE, MARYLAND		ACTUAL SKGNATURE	16/	20	(2)	e M	TITLE (SPECIFY) Deputy 1919	MEDICALEX Seminary	AMINER Road	DATE SIGNED_	6/8/8	5
	TO MEE EXECUT PAGE 4 TO FUN AFTER D BAGTIM	23a.B	EXAMINER'S (TYPE OR PRI	NAME John	S. Roger			ADDRESS Silve		Montgo			
07/84 25M	BP	(5	Cremat	ion .	June 9,198	35 Chamb	ers Cr	rematory	Rive	rdale	P.G.C	CO. Mc	d.
	DHMH - 17 (VR AT5 ME (5))		NAME			8655 Geo Silver S		/d.20910 IIII				~ Aanda	DQ.

Reals with the S. U.S. S. Toutspansary County Manyland London College Colleg The state of the s 257.9 G minuty done Ever System Nantsponery, 10. John B. Hogors, H. H. AND THE PARTY OF T

Property of the Carlotte of th

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH 1. DECEASED NAME 2h. HOUR [TYPE OR PRINT] AMOS JOHNSON, JR. JUNE 26 1985 9:30 6. AGE (IN YEARS LAST BIRTHOAY) 4. RACE 5. DATE OF BIRTH IF UNDER TYEAR IF LINOFF 24 HPS 3. SEX MONTH YEAR MALE CAUCASIAN MAY 21 1919 66 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE | STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ILLINOIS UNITED STATES WIDOWED MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BETHESDA NAVAL HOSPITAI RETTRED S. ARMY USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND FREDERICK FREDERICK 1111 FAIRVIEW AVE 21701 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST AMOS JOHNSON MYRTLE KING 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 1940-1969 324-14-8478 YES WILMA JOHNSON, 1111 FAIRVIEW AVENUE, FREDERICK, MD 21701 18 CAUSE OF DEATH (Enter only one couse per line for (a), [b), and (c) PART I. DEATH WAS CAUSED BY: PULMONARY FIBROSIS IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71n ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

220.1 certify that (1) (this hospital) attended the deceased from ______JUNE_21

P.M. 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

19.85

JUNE 26 JUNE 26 19 85 , and that in [my] (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

STATE

COUNTY

1985

22b. SIGNATURE

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on_

21d. INJURY OCCURRED

23r. NAME OF CEMETERY OR CREMATORY

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN NAVAL HOSPITAL, NAVAL MEDICAL COMMAND

22c. DATE SIGNED 20 JUN ET

R. L. NEMEC, LT, MC, USNR

23h DATE

7/1/85

obove, (1) (we) (did) (did not) view the body after deat

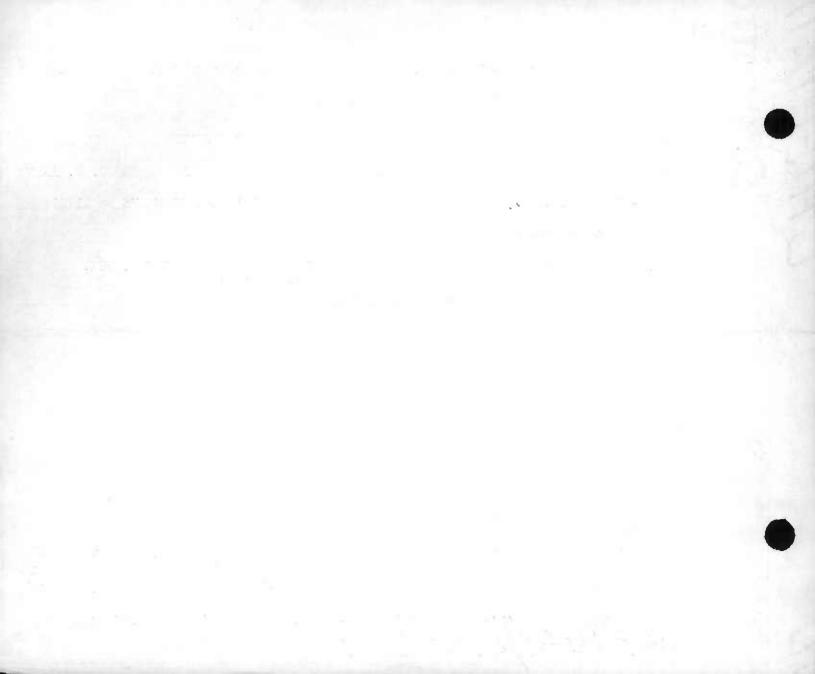
NATIONAL CAPITAL REGION BETHESDA, MD 20814

DHMH - 16 50M 4/83

should be

1201 N. Market St. S Soh P.A. Frederick, Md. (VRA 15, 4)

Arlington Nat. Cemetery Arlington, Arlington, Va.



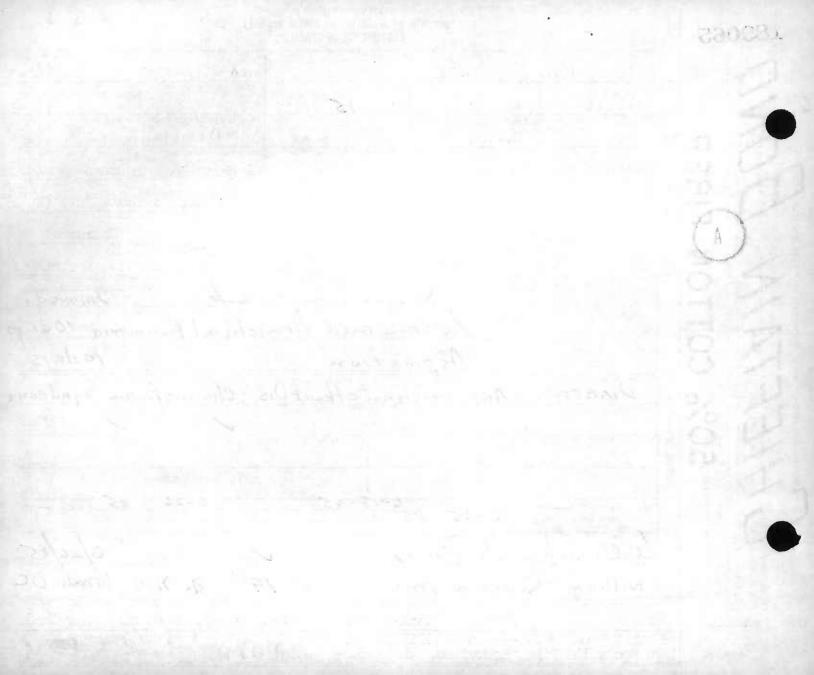
113082 Contono now Jos of wares to , Tyley to 2 O , modern Late 19 Holling O Berling on the state one, with the restory statement, as the contract one, with the statement of th COLUMN CAMPANE THE THOUGHT OF THE SHE WAS ALLEST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR					REG. N	0.		A		
DECEASED NAME FIRST BERTH	MIDDLE	LAS			20. DATE OF DEATH		DAY YEAR	26 HOU	R	
•			ARSH		June 1,		85			
Female Female	4. RACE White	5. DATE OF	ber 78,	1907	b. AGE (IN YEARS LAST BY		MONTHS DAYS	DF DEATH 176 KIND OF BUSINESS INDUSTRY OWN HOME 178 CHAST GUZ LAST GUZ L	MIN.	
a BIRTHPLACE (STATE OR FOREIGN Maryland	U. S. A.	? 8. MARRIED WIDOWED	□ NEVER MA	RRIED -	9 BALTIMORE CITY 9	_	OF DEATH		MD.	
Kensington	4308 WACHT STEEL	treet	OTHER INSTIT	NOITU	TYPE OF WORK FOR MOST HOUSEWIL		126 KIND C INDUSTRY UWN	of Busine Home	SSOR	
JSUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136. COU Maryland Mont	or other institution, give residence before inty 132 CITY OR TO Kensing	WN II	13d INSIDE CITY	LIMITS?	13e STREET ADDRESS 4308 Way	zip code	treet	2089.	5	
Kalman	MIDDLE Goldin		IS MOTHER'S A Lea	ih	WIDDLE		Gu			
WAS DECEASED EVER IN U.S. A			Ina Mar	cus s	820 Snowdri ilver Spri	ξβ Lan 19. Ma	ruland	2090	6	
PART I. DEATH WAS CAUS	only one couse per line for (a), (b), a		onary	ar	rest		BETWEEN	ONSET AND	VAI DEATH	
	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	4	eceno NOT RELATED TO	THE TERMI	/ Cress	IDITION GIV	EN IN PART I	0,		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORM	NED	200 AUTOPSY?		YING CAUSES	OF DEAT	H?	
	HOUR A.M. MONTH	DAY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM TO P	PART I OR PART ?)			
OR CONTRIBUTING CAUSE OF DI	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET		COVORT) Webs	COUNTY	S	TATE	
220.1 certify that MMIHS has	oital) attended the deceased from		9 84 1 that in (my)(o	pinion o	death accurred on the c	lote and hou	r and from the		we) last	
27b. SIGNATU	KFriedman	M	EGREE ATI PH	ENDING YSICIAN XX	MEDICAL STA	FF CIAN []			198	
Adolph	Eviedman		22e ADDRESS			te 142	25			
BO. BURIAL, CREMATION, REMOVA (SPECIFY) Burial			METERY OR CR		Adelphi,		P. G.,		jlan	
onweld M. Stein H	lebrew Memorial, i et, N. W., Washi	Funeral ngton,	Home D. C.	JUN T	REC'D. BY REGISTRAI	25b. REGIST	rar's signa	TURE	n H	

DHMH - 16 50M 4/83 (VRA 15, 4)



				STATE OF MARTLAND	- B - W	4 pag 15					
165041	1.	FOR STATE REGISTRAR	DEPARTM	SENT OF HEALTH AND MENTAL HYOCERTIFICATE OF DEATH	GIENES 5	5 5 4					
	LDE	CEASED NAME FIRST	MIDDLE	1241	20. DATE OF DEATH, MONTH, SHALL THE TENTOUR						
		OR PRINT)	1	1 00 -	M. DATE OF DEATH	2 ~					
o pe		INCO	K	aulman	61418	9 44					
\$ 00 p	3. SE	Y 14	RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	F DSCHE I HEAR FUNCER SANKS					
E + ±	J. JL		1	MONTH DAY YEAR	The Act of	ONTHS BAYS HOURS MIN.					
9 50		temale	white	12/6/1907	77 486						
2 30 11/1	7n B	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH/ MA STOSOOS					
15 15 64 1		COUNTRY	CHIED OF WHAT	MARRIED NEVER MARRIED	6	(LIP III DILCI					
3 10	WA	SHINGTON DC	USA	WIDOWED DIVORCED	all all ver a	MID MD.					
0 25 79 //	10 C	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
			(IF NOT IN SUCH FACILITY, GIVE STREET	ACCRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE						
0 (2/3)	S	LVER SPRING	HOLY CROSS HOS	SPITAL	HOUSEWIFE	AT HOME					
2 1 2 1	U5U.	AL RESIDENCE (IF NURSING TOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE		La CERPET ADDRESS / TIO CORE	2077					
D de de	130.		GEORGES UPPER	MADI RODOX	13e STREET ADDRESS / ZIP CODE						
A Part			GLORGES OFFER		111304 Old Merlbo	CO PER DE CO					
2 2 2 2 2 2 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. FA	ATHER'S NAME	DD1E LAST	15. MOTHER'S MAIDEN NA	AME						
A sold of the sold		MORRIS	COHEN	SARAH	WIDDLE	LENOVITZ					
¥ 5 5 5					DDAILAN IZABIDEZAN						
S S S S S S S S S S S S S S S S S S S		VAS DECEASED EVER IN U.S. ARME	VAR OR DATES)		BRAHAM KAUPMAN	20772					
W	,	YES. NO ORLINKNOWN) (IF YES, GIVE V	578-62-5	819 11306 OLD MA	RLBORO PIKE UPPE	R MARLBORU, MD					
B 4 1 1 1	=										
A state of the sta		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)	one cause per line for (a), (b), one	FINT. I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
1 1		IMMEDIATE	23 du								
range res		MMEDIALE	CHOSE (O)		, in the second	7					
o the contract			DUE TO, OR AS A CONSEQUE		/						
RESTON death ce offendin nave corb afian, ar fraumotic		Conditions, if ony, which	(16) Antoniosc	Motic Cardio des	win distur	See					
he he ma		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
W. of the start of		underlying couse lost									
or o											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hourstranding physician. When this certificate has been signed by the attending problem. Completely filled in as the buriol-stronst permit. Then please remove carbon wants (page 1) and 2 should the fill the and Mental Hyguene prior to buriol, cremation, or reference.	7	PART 2 OTHER SIGNIFICANT CO	N IN PART 110								
The street	CERTIFICATION										
on y on y	A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED					
S De C	Ĕ				IN CERTIFYING CAUSES OF DEATH?						
TAL The	E E										
VIT Nysici Tronsir Tronsir Hygist	Ö	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	V VEAD ZIE HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)					
A THE TOTAL	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
N r Re	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	·						
PH, this ad A	¥		(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE					
IN of the rice	_	AT WORK AT WORK									
mo of A		22a.1 certify that (1) (this hospital	attended the deceased from	June 1963	to June 4	9 Sto , that (I) (we) lost					
T - S S S	1111	sow the deceased alive on share (1) (wa) (did) (did	Tune 4 10 5		death occurred on the date and hour						
Spritt for of		obove, (l) (we) (did) (did not)	view the body ofter death.	. Sha that in (my) (our) opinion	deoin occurred on the dote ond hour	ond from the couses stored					
OR OR OR Checked		22b. 51G-Na1761	/ / .	DEGREE		22c. DAJE SIGNED					
the contraction of the contracti		1100 /	56. 6	ATTENDING	MEDICAL STAFF	1 luker					
N T d d d D T			Course Will	PHYSICIAN	DIRECTOR PHYSICIAN	6/7/31					
HOSPIT ined by FUNER old be on the Ste		226 PHYSICIAN'S NAME (TYPE OR P	RINT)	22e ADDRESS		1 1					
O HOSPIT. TO FUNER. Shauld be a with the Ste		MARVIN SCH	INEIDER MAD	12001 Fer	raig Ave 1 Wh	rates and Jag					
TO HOSE retained TO FUNI	22- 1	WINDLE COST AND DESIGNATION DE			123d LOCATION	267					
	23a. l	BURIAL, CREMATION REMOVAL	JUNE 6,1985 "EI	ESAVETGRAD CREMATORY		COUNTY					
BP					WASHINGTON	DC					
	24 FI	INERAL DIRECTOR SOL LE	VINSON & BROS.,	INC. I25a DA	TE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE					
DHMH - 16 60M 7/84		010 REISTERSTOWN		4D 2121E							
(VRA 15, 4)	_	OTO KEISTERSTOWN	KD. DALIO., N	10 21215	N 1 2 1985 mi Den	indoon-Randelle					

should by 23c. NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION, REMOVAL 350. DATE REC'D. BY REGISTINAR 256. REGISTRAR'S SIGNATUR DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

MD

IF UNDER 1 YEAR

INDUSTRY

YES [

COUNTY

22c. DATE SIGNED

DAYS

Taken 1 to bearing that within a second about the control or the state that the state state of the 3.52 X+21 Y1521 The symptom of home of within the state of t Long to the Secretary Secretary Secretary

73111	1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE S	7 6	5 5		
الله الله	-	EASED NAME FIRST PRINTE dith	4. RACE	MIDDLE	1 LL 5. DATE C	HAM ERIPTH	20 DATE OF DEATH MOI	- d5-8			
/	SEA	Fe -e	W.		MONTH		84		DAYS HOURS MIN.		
24 10	C	THPLACE (STATE OR FOREIGN DUNTRY) Nebraska	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	DINEVER MARRIED	Montgomer Montgomer		MD.		
16.	CIT	Y OR TOWN OF DEATH	11. NAME OF		G HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAK	PRKING LIFE) INDUS	ND OF BUSINESS OR		
613	0.5	L RESIDENCE IF NURSING HOME OF	NOTHER INSTITUTION	130. CITY OR JOW		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZI	ham Roa	20903		
0	7	ners name aniël	MIDDLE	Francis		Unobta	lnable MIDDLE		LAST		
160	Ň	AS DECEASED EVER IN U.S. A S NOOR UNKNOWN) (IF YES, G ONE	520 10 42421 Norma Biglin (Daughter)Same as 13E								
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	ED BY: ATE CAUSE (a) DUE TO, C b) DUE TO, C	DR AS A CONSEQUI DRAS A CONSEQUI AOVICE V	ence of the contract of the co	Stro War Cardiow Desease	candal gor	e ciri a	PROXIMATE INTERVAL WEEN ONSET AND DEATH WEEK ONSET AND DEATH GARNAGE JAMES JAM		
PTIEICATION	FICATION	PART 2. OTHER SIGNIFICANT				N WAS PERFORMED	20a AUTOPSY? 20		INDINGS USED USES OF DEATH?		
11		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D {IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	YES NO	YES	NO		
MEDICAL	MED	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, I	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUN	TY STATE		
		220.1 certify that (1) (t sow the deceased glive a above, (1) (are) (did)(di 22b. SIGNATURE	n	LS 19-		that in (my) (sur) opinion of DEGREE ATTENDING	MEDICAL STAFF	220. 1	n that (I) (we) last in the causes stated DATE SIGNED 26 45		
		22d. PHYSICIAN'S AME	ON F	EIGER	mg_	PHYSICIAN 222e. ADDRESS	PORECTOR PHYSICIAN O CAME SPRIN	RUN J	7.		

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL Burial 6/29/85 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery

23d. LOCATION
Casper

STATE

Wyoming

FUNERAL DIRECTOR
Hines/Rinaldi 11800 New Tamp. Ave. S.S. Md. JUN 28 1985



183046	FOR		DEPAI	STATE RTMENT OF H	ALTH AND I		IENEQ high	1	7 6	5 7	
. 1	- STATE REGISTRAR				CATE OF D		0 0	. NO.			
	1. DECEASED NAME (TYPE OR PRINT)	FIRST WILLIAM	HENRY	RY V	KING		20. DATE OF DEAT	6 - J	2- 85	2b. HOUR IP M	
may ther d	3. SEX	4 RACE		5. DATE O	DAY	YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY}	MONTHS DAY		
rector. p	Male	Whi		Dec.	7,	1889	95	YRS.			
h. Po	7a BIRTHPLACE (STATE COUNTRY)		F WHAT COUNTR	MARRIE	NEVER MARRIED		9. BALTIMORE CIT	_			
deat deat	Maryland O CITY OR TOWN OF D	U.S.A			WIDOWED A DIVORCED NG HOME OR OTHER INSTITUTION			mery C		MD OF BUSINESS OR	
by the filled with	Gaithersbu	rg Wils	ON HEAL	LIH CA		TER.	120 USUAL OCCUP (TYPE OF WORK FOR MC Clerk			Y	
illed in	USUAL RESIDENCE (# N 130. STATE Maryland	13b. COUNTY Montgomery	13c. CITY OR TOWN Gaithersburg		13d INSIDE CITY LIMITS? YES NO X		13e.STREET ADDRE		E	20877	
A 2 st	14. FATHER'S NAME FIRST	WIDDLE	LAST			FIRST	ME	I.E		LAST	
charles of winds	William	H.	King,		I	da				Scott	
D P B B B B B B B B B B B B B B B B B B	160 WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)			17 INFORMA			DRESS			
sicion of pers. Por ol.	No		717-07-	7679	Norri	s A. K	lng-2817 N	<i>lunster</i>		21234 DXIMATE INTERVAL N ONET AND DEATH	
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratending physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carban papers. Pages 5, and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal. The and Mental Hygiene prior to buriol, cremation, or removal.	Conditions, if of gove rise to couse (01, strunderlying co	immediate obting the use lost. GOIFICANT CONDITIONS (C)	CONTRIBUTING TO	O DEATH BUT	reis		INAL DISEASE OR C	20b. IF YE	S, WERE FINI		
NN: The hysician icate har ransit p Hygien 18 show		- Contra	OF INJURY A.M. MONTH	DAY YEAR	21t HOW IN	JURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
OING PHYSICIA or ottending ph After this certifi e os the buriol-ti oith and Mentol marked or item	(IF EITHER NOTIFY A	MEDICAL EXAMINER) URRED 21e PLAC	P.M. E OF INJURY STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	ON	CITY C	DR TOWN	COUNTY	STATE	
ATTEND spiral a CTOR: A for use of Heal	sow the dece obove, (1) fwe	(I) (this hospital) attended cosed alive an high the bod		85 , on		, 19_6 (a) opinion	, to	ne dote and hor	ur and from t		
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detached with the Stote Dept.	224 PHYSICAMS John G.	NAME (TYPE OF PRINT) Fawcett, M.I	usul	Hus	22e ADDRES		DIRECTOR PH	1 10	6/	TE SIGNED	
Show Show	23a. BURIAL, CREMATIC	ON, REMOVAL 23b. DATE	12	31 NAME OF C			and Rd.,	Boyas,	Md.		
BP	(SPECIFY)	6-26-	V		n Park	CKEMATOR	Balto.	N	COUNTY	Md.	
DHMH - 16 50M 4/83	Purial 24. FUNERAL DIRECTOR		03	1050 Y	ork Rd.	25a. DAT	E REC'D. BY REGIST	RAR 256 REGIS	JRAP SISIS	AFTERDAM	
(VRA 15, 4)	Ruck Towso	n Funeral Hom	ne. Inc.	Towson	,Md.212		14 6 9 198	3		03	

35008 r Would Have King I Wash Know But Gat Gattle Charles E. March M. M. Charles and Carlot an Stern to the state of the state

								MARYLAND		. ora	, as 12	
			OR		D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE"	1 /	0 5 0	
11.7	9004		STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE C	FDEATH	REG. NO.		
1		DEC	EASED NAME	FIRST		WIDDLE		LAST	20. DATE KNO	WN O M	ONTH DAY YEAR	л. ноце
	W	(TYPI	OR PRINT			3	1	chre	OF ES	TI	121 FC	600
	28957	3. SEX	14. RACE	cne	OF BIRTH	6. AGE (IN)	EARS IF UN	IDER 1 YR. 1 IF UNDER		MC	NTH DAY	NA NOTES
	S. C.	J. 5EA	4. KACE	MONTH	DAY	YEAR LAST BIRTH	DAY) MONT	DEN THE THE	MIN. PRONOUNCED		2 - 0 1 - 0 -	1.00
	A DEEP TON STATE OF S	0.0	1- W	Mer	149,	10 95	YRS.		DEAD	UW	nezi 18	M
	ECESS NERA WITH PESTI		RTHPLACE (STATE OR	7b. CITIZ	EN OF WH	AT COUNTRY?	8. MARR	IED NEVER MARR	P BALTIMORE	CITY OR C	OUNTY OF DEATH	
	日本できま		REIGN COUNTRY]		U.S.A		WIDOW		- 44	any	Leom-en	4 MD
			SSOUTI. IY OR TOWN OF DEATH			PITAL, NURSING HOA			120. USUAL OCCUPATI	ON (TYPE OF V		
-	PAGE 3		The D	(IF NO	T IN SUCH FAC	LILITY, GIVE STREET ADDRESS		11.	FOR MOST OF WORKING Homemake	LIFE)	OR INDUSTR	ξΥ
1	55 A R S / -	LICLIA	L RESIDENCE (IF IN NURSIN	KIU	12-54	N du	JT,	MOND	nomemare	'L		
(le	F A AND 3 TO 3. RETAIN P SHOULD BE ALL RECORDS	13a. S		COUNTY	IIIUIION, GIV	13c. CHY OR TOWN	SION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1-11	1 1 1	2090
I HE	A POUL PETA		111	Moni	8.	02/01	294	YES NO 2		1001	levizud.	1 d
- g	S 1, 2, PM 3. VD 2 SI	14. FA	THER'S NAME	was			1	15. MOTHER'S MAID	N NAME MIDDLE		LACT	
ui.	SES 1, 2 M PM SAND 2 AND 2 PEVITA	15	Charles	MIDDLE		Frick		Christi			Hoeveler	
O O	A A A A	16n V	AS DECEASED EVER IN		CES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT		DDRESS		_
BALTIMO	JRS AFTER DEB. GIVE PAGE WITH FORM DIVISION OF			YES, GIVE WAR OR DAT				Marin O M	wholey Days	hton	Same as 13	
N N	S AFTER GIVE P. ITH FO PAGES IVISION	No_				213-56-49	41	Mary C. M	urphy Daug	niei		
			18 CAUSE OF DEATH (I PART I DEATH WAS	Enter anly ane cau	se per line	far (a), (b), and,(c).)			1		APPROXIMATE BETWEEN ONSET	AND DEATH
PRESTON ST	24 HOUR ITEM 18. LONG W PERMIT. SIENE, D			MEDIATE CAUSE	(0)	Youte	Mi	100210	121 Dis)		
5					JE TO, OR	AS A CONSEQUENCE	OF			art's		
2	ITHIN 2		Canditians, if any		· ×	1. 6	role	1. f. l.	vdis Vzc.	Des	Yrs.	
× .			gave rise to import cause (a) stating the		(b)	AS A CONSEQUENCE		7 () 0 ==	V G4 6 V -3!	-		
201 V			lying cause last.	5.00	JE 10, OK	AS A CONSEQUENCE	OF					
	25-25				(c)				 			
RD.	WAY BEAN		PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTION	G TO DEATH B	OUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a),			
8	MEDING' MEDING' MEDICAL AS A BU EALTH AN CREMAT	O N	100.	ne								
OF VITAL RECORDS,	SHOULD ONE WE USED A LOF HEAD	CERTIFICATION	190 DATE OF OPERATIO	DN 19	b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY	?
₹	JOHN STREET	F	Non	0							YES 🗆	NO D
>	m > m o Z o Z	=	210. EXTERNAL CAUSE	WAS 21	b. TIME OF		21c H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY	N ITEM 18 PART		
0	SHERE SE		UNDERLYING OR			MONTH DAY YEA	AR					
DIVISION	RTIFICATION OF THE VICTURE SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHORT TO S	MEDICAL	CONTRIBUTING CAL		P.M.	FINJURY (AT HOME,	216 10	CATION				
<u> </u>	OER DED DED DEP	KE	WHILE ONOT WE	HIE C		ORY, FARM, ETC.]		STREET	CITY OR TOWN		COUNTY	STATE
۵	SERVES		WHILE NOT WE AT WOR	K								
					emains desc	cribed abave, held an	Autap	sy , Inspectio	n Z, Inquiry	andin	my apinian	
	20 21-6				1321						ту артап	
	EXAMING BE DIE B		death resulted fram:	Natural causes	L.,	Accident L.,	uicide	, Hamicide L.	Undetermined manne	r L_1,		
	WAR. WAR		ACTUAL O	00	11			TITLE (SPECIFY)			DATE THE OIL	1285
	KERKE -	1	SIGNATURE	1	V	don	N	I.D. Vap,	MEDICAL EXAMINE	R	SIGNED WOLL	1100
	SEA SEA	1 3	EVAMINED'S NAME			1		1010	0 1		Decate Continue	. 114
	* SHE SHE	and the	EXAMINER'S NAME	John S. R	Rogers	M.D.		ADDRESS 1919	Seminary Ro	iaa Si	ever spring	, ma.
	TO MEDICAL E) EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, W	23a.B	JRIAL, CREMATION, REM	OVAL 236. DATE		23c. NAME OF C	EMETERY C	OR CREMATORY	23d. LOCATION		COUNTY ST	ATE
07/84			PECIFY) Burial	Jun. 2	21 109	85 Mt. Oli	int C	omotoru	washington	. D.C		A16
25M	BP			iancis J.			er ci	250. DATE	REC'D. BY REGISTRAR	Sh REGISTR	ANS SIGNATURALO	400
	DHMH - 17		NAME		ADDRESS		an M	1	IUN 2 5 1985	1 will	mania 1	
	(VR A15 ME (5))	20	O University	j beva., v	v. 54	wer spru	ry, M	1.	011 0 0 100	0		

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20 DATE OF DEATH LØECE ASED NAME 2b. HOUR 76-NES A AGE LIN YEARS LAST BIRTHDAYS IF LINDER TYEAR IF UNDER 24 HRS HOURS Female Caucasian 89 9. BALTIMORE CITY OR COUNTY OF DEATH 16. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Colorado United States WIDOWEDX Montgomery County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Rockville Education ALLEX NURSING CONT Teacher USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Californial Yuba City 678 B Street/95991 Sutter NO [TA EATHER'S NAME 15 MOTHER'S MAIDEN NAME Edward Ë. Jane Keppe1 Kreutzer 16b. SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Lee Avenue LIFYES GIVE WAR OR DATEST 549-66-8867 Betty Ann Berkman Ft. Myer. Virginia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (q). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO yteriosclerosis Many Canditians, if any, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) PM 71E LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE and that in (my) (my) apinian death occurred on the date and haur and from the causes stated saw the deceased alive an above (1) (#14) (did) (#14) DEGREE

226 SIQNATURE

23a. BURIAL, CREMATION, REMOVAL

Cremation

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Metropolitan Crem.

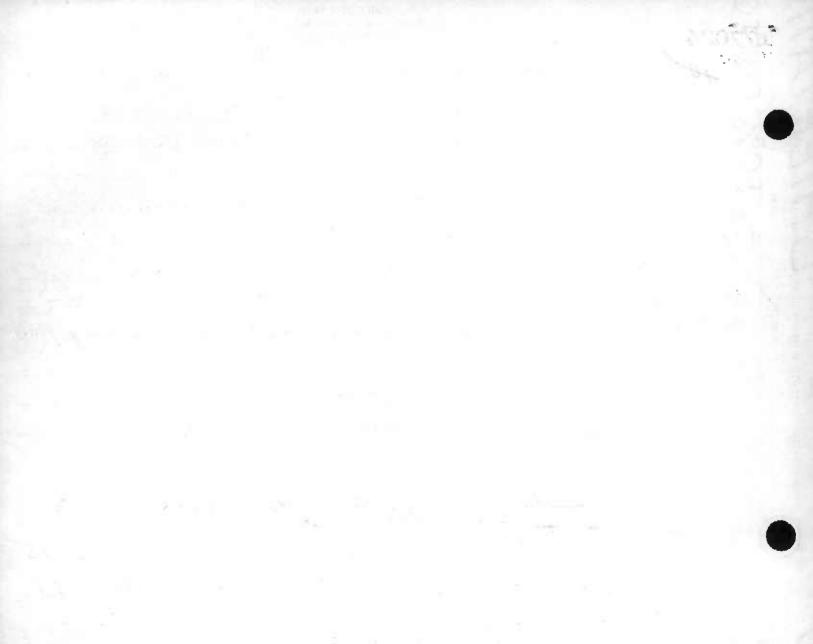
ATTENDING . / MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Alexandria, Virginia

DHMH - 16 50M 4/83 (VRA 15, 4)

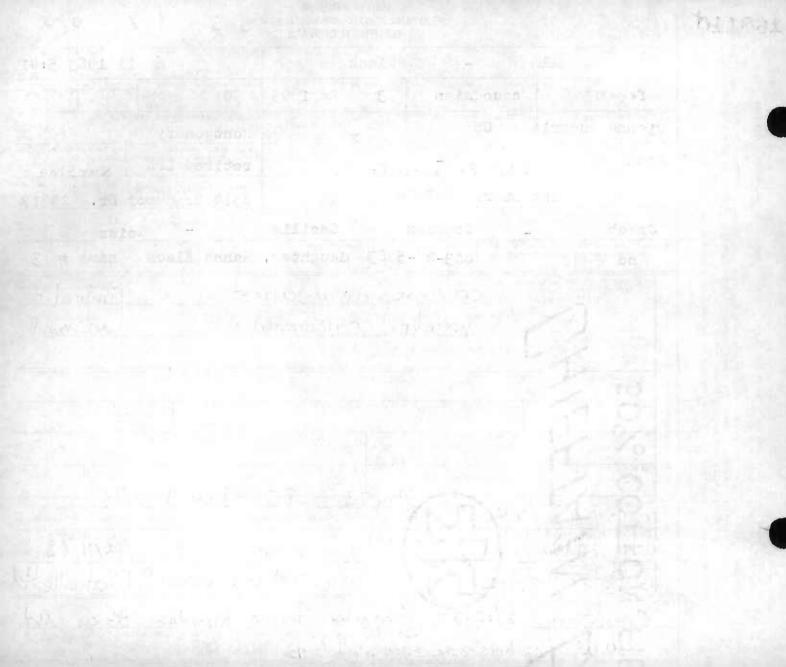
1985 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Rockville, Maryland 20850

250. DATE REC'D. BY REGISTRAR 256, REGISTRARS SIGNAL



STATE OF MARYLAND 168110 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 2a. DATE OF DEATH MONTH 1. DECEASED NAME MIDDLE 1985 Ella (TYPE OR PRINT) Klaus 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1895 feriale caucasian 90 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED vienna Austri USA Montgomery DIVORCED WIDOWED 12b. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) retired LPN INDUSTRY Bethesda Bradmoor Dr USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATEVID 13e STREET, ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 13b. COUNTY Montgomer 8514 Bradmoor 20817 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Schwarz Cecilie Jakob Weiss ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 403-28-5883 (YES, NO OR UNKNOWN) daughter, Hanna Klaus same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY avolorespiratem IMMEDIATE CAUSE (0) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES NO [NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHITE. 774.1 certify that (f) (this paspital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF ATTENDING FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22e ADDRESS CIAN'S NAME shaul with 0 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE TO THE STATE OF 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 hambers come Silversating and 2010

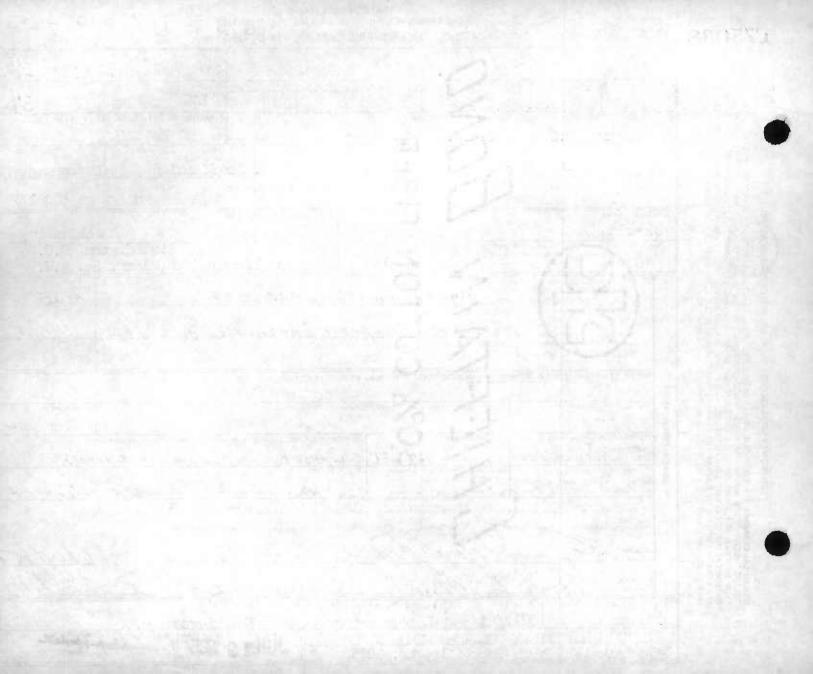
(VRA 15, 4)



T. DECEASED NAME TITTE OF PRINT) 3. SEX 1. RACE 3. SATE 3. SEX 1. RACE 3. SATE 3. SEX 1. RACE 3. SATE 3.	TE OF DEATH DEG NO	661
USUAL RESIDENCE IF IN NUISING HOME OR OTHER INSTITUTION, GIVER RESIDENCE BEFORE ADM/SSION) 130. STATE USUAL RESIDENCE IF IN NUISING HOME OR OTHER INSTITUTION, GIVER RESIDENCE BEFORE ADM/SSION) 131. STATE December 20. DATE KNOWN MONTH OF ESTI- DEATH MATED DS JINDER 24 HRS. 2C DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNT NORCED MONTH	DAY YEAR 2b. H	
THE CALL RECOMMENT (IF YES, GIVE WARD OF DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 18. CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under lying cause last. (c) PART I 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR AS A CONSEQUENCE OF CONTRIBUTION GIVEN HOUR A.M. MONTH DAY YEAR CONTRIBUTION GOVERNMENT TO THE TERMINAL DISEASE OR CONDITION GIVEN HOUR A.M. MONTH DAY YEAR CONTRIBUTION GOVERNMENT TO THE TERMINAL DISEASE OR CONDITION GIVEN HOUR A.M. MONTH DAY YEAR CONTRIBUTION GOVERNMENT TO THE TERMINAL DISEASE OR CONDITION GIVEN HOUR A.M. MONTH DAY YEAR CONTRIBUTION GOVERNMENT TO THE TERMINAL DISEASE OR CONDITION GIVEN HOUR A.M. MONTH DAY YEAR CONTRIBUTION GOVERNMENT TO THE TERMINAL DISEASE OR CONDITION GIVEN TO	Parts Counter MITS? 13e STREET ADDRESS 5405 35th Avenue MAIDEN NAME MIDDLE	Auto Deale 20782 Mitchell
UNDERTYING OR ONDERTYING ONDERTYING OR ONDERTYING OR ONDERTYING OR ONDERTYING OR ONDERTYING ONDERTY ONDERTYING ONDERTYING ONDERTYING ONDERTYING ONDERTYING ONDERTYING ONDERTY	T 7111 Oakridg F. Klick Chevy Chase,	Acure /// Acure /// Acure
	CURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART DEXITALIST INTO CITY OR TOWN COL COL Pection Inquiry I, and in my ap Undetermined manner I,	CAR E Mout
BP	MEDICAL EXAMINER DATE SIGNE 230 LOCATION SUPPRISONAL Prince Geometric Programment Country of Count	Torge's , MA

80032 The state of the s ar New Years and Santara Santar 11 - 11 1 Linua. converting of a conviction, and a converting of the converting of

		1.	FOR					MARYLAND H AND MENTAL H	YGIENE	17	5	6 2	
	175038	3	= STATE REGISTRAR			DICAL EXAM		CERTIFICATE O	FDEATH	REG. NO.		24	
		1.	DECEASED NAM	E FIRST		WIDDLE	100	LAST	20. DATE	KNOWN K	MONTH	DAY YEAR	26. HOUR
	2000年100日		(TIPE OR PRINT)	GEO	FFREY	A.	KI	LIGMAN	OF DEATH	MATED	06	141985	JPM
	5050	3	SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIF		NDER TYR. IF UNDER	24 HRS. 2c. DATE		MONTH	DAY YEAR	2d. HOUR
	ON SURE		M ale	Cauc			YRS.	INS DATS HOURS	DEAL		06	1419 85	5 PM
70	ASA SES	7	BIRTHPLACE (S	STATE OR	76 CITIZEN OF WI	HAT COUNTRY?	8. MARI	RIED NEVER MARRI	9. BALTIA	ORE CITY OR	COUNTY	OF DEATH	
	DAN SAN	/	Washingto	on, D.C.	U.S.		WIDO			ONFGOME		The San	MD.
	Y IS NOTED	7/1"	CITY OR TOWN	OF DEATH		PITAL, NURSING HO		HER INSTITUTION	12a USUAL OCCU	RKING LIFE)		OR INDUST	RY
	PA P	7	BOTHE	58A				JRBAN Hosp.	Stock B	roker	I	ndeper	ndent
	NY DELAY IS NO 3 TO THE FIAIN PAGE ULD BE FILED CORDS, 201	6	a. STATE	13b COUN	OR OTHER INSTITUTION, GI	13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDR	SS		DD (20	0171
	S S S S S S S S S S S S S S S S S S S	7	MD		TIGOMERY	BETHESI	DA	YES X NO	/551	SPRING	LAKE	DR (20	81/)
	1 2 2 2 5 1	61	Charle		WIDDLE	V1 i com on		15. MOTHER'S MAIDE	A	NIDDLE		chles	
	0 m2 5 2 5	4		D EVER IN U.S. AF	MED FORCES?	Kligman		Bever 17. INFORMANT	Ly	ACTORACE	inat	on, D.C	inger
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	(YES, NO. OR UNKNI	OWN) (IF YES, GIVI	E WAR OR DATES)	217-46-5		Charles Kl	iamm. 27	n Cala	mign	on, D.C	7
	A SEAS	' F		DE DEATH (Enter or	nly one couse per line			Total les 10	Ignail, 27	JU Calv	erc .	APPROXIMAT	
	KST.		PARTID	FATH WAS CALLED	D BY:			INFARC	TION			ACUT	
	TOP THE OVA		Fide-	IMMEDIA	DUE TO, OR	AS A CONSEQUEN	CEOF	1.00.1		SW. TW		77.007	
	PRES PRES PRES PRES PRES PRES PRES PRES	81.		ins, if any, which	An An	TERIO SC	LEROI	Te CARDIO	VARCULA	R DNO	1188	INI	SOF
	W. W		cause (o) stating the under	\ \ \-/	AS A CONSEQUEN				, D 10 -			
	S EXX		lying ca	use last,	(c)	No. of the same	TOTAL S						- 67
	BIVISION OF VITAL RECORDS, SCRRIFICATE SHOULD BE ENCE RRITING THE WORD "PENDING ROED TO THE CHIEF MEDIOL. E E DEPARTMENT OF HEALTH AND OF PROPE TO BURIAL, CREMATIN			IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN PAI	lT T (a),				
	L REC	7	190. DATE O	FOPERATION	19b. CONDI	TION FOR WHICH O	PERATION	VAS PERFORMED?				20 AUTOPSY	?
	HOULE RD "P HIEF / USED OF HE	\times	- E									YES 🗍	NO F
	WOR WOR ENT COBE	7	210. EXTERN	AL CAUSE WAS	21b. TIME O		21c. H	IOW INJURY OCCURRED) (ENTER NATURE OF IN	DURY IN ITEM 18 PAI	RT 1 OR PART	1	NO G
	PICATE OULD OR TO THE WEIGHT			G OR ING CAUSE OF	Comment of the Commen	MONTH DAY Y	And a second of	LLAPSED	SUDDENL	w 70	GRO	was &	
	S CERTI RETING REDED 1 3E 3 SH TE DEPA		214 INTURY	OCCURRED	21e PLACE			OCATION STREET		/			
	THIS C WARD WARD PAGE 21201		AT WORK	NOT WHILE (2 Kla	mes	75	51 SPRING LA	KE ON L	etHes	COUN	Mids	STATE - MA
	ша (О .				ge of the remains de	cribed abave, held a	n Auto			The and	ın my apin	nan	
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: I, WITH THE		death result	ted from Note	eral casses	Accident .	Suicide _	, Homicide	Undetermined m		, , , ,		
	EXA CERT JID B DIRE WARN			1	21	1/1	(2)	TITLE (SPECIFY)				1.	1.
	¥\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	SIGNATURE	Sun	un the	act the		A.D. Deft	MEDICAL EXAM	AINER	DATE	6/14	1/15
	LEDICAL UTE THI UNERA R DEATH	7	EXAMINER'S (TYPE OR PR	NAME	A I	1		G //		1	Die	2001	Yuan
	TO MEDIC EXECUTE 1 PAGE 4 S TO FUNEI AFTER DE/ BALTIMOS	7			23 5475	I ryce V		ADDRESS Front	K CONSON	vio 1	O JV	148561	111)
		2.	Crematic	TION, REMOVAL	23b. DATE			OR CREMATORY	23d. LOCATION CITY OR TOWN	-	COUNTY	y 5	TATE
	7/84 BP	2	1. FUNERAL DIREC		6/17/85 NSKY-GOLDB	Lee C			Washing	CON D	RAR'S SIG	NANJRE	2.
	DHMH - 17 (VR A15 ME (5))		1170 Roc	kville P	ike; Rockv	rille. Md	20852	WLET'S MIN	9 1985	Julians	in the last	-libuton	
				1.	awy zworky								



ALESTANDAN FREEDT (CET) the depth of the control of the cont AND SECURITY SECURITY SECURITY The special of the second of the second The same of the sa

	STATE OF MARYLAND	e d
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE) 4
. 175096	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1
10	1. DECEASED NAME FIRST MIDDLE LYPE OR PRINT) A KONTECZKA 1 20. DATE KNOWN WONTH DAY OF ESTI-	YEAR 26 HOME
A FET S.S.S.	Otavan Mich &= XXXXXXXXXXXXXX DEATH MATED Trinally	19 85 10 1
ECTO ECTO HOUL	3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS TF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	YEAR 24 HOUS
SSARY, PLEASE ALI DIRECTOR. R. YOUR FILES. HIN 72 HOURS	June 3661 23 YRS. DEAD Juno 10	19 JU B A
ERAL OR Y THIN	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED Y 9. BALTIMORE CITY OR COUNTY OF	DEATH
ASSES TO	MARYLAND U.S.A. WIDOWED DIVORCED MONTEOn	ery ME
2109671		IND OF BUSINESS
\$29 W \/	12t. Park 1, Jach. Advent Horo STUDENT	all
5 22 98/2/	USUAL RESIDENCE (IF IN NURSING HOME OF DIFFER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CTY OR, TOWN 132. STREET ADDRESS 134. STREET ADDRESS	101
H STEED	Md Manti Orling YES NO D 1403 Frau to	DY
d Total	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST
A PARTY	RAYMOND KONIECZKA MARY J.	BARBERA
N PAR IN	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
BALTIMORE S.S. AFTE DES GINE AGES ITH FORM F PAGES IVISION OF	NO 218-88-1972 RAYMOND KONIECZKA SAME AS 1.	3 FATHER
E SERVICE SERV	AFT	APPROXIMATE INTERVAL
ON ST., 24 HOUI ITEM 1B. ONG V. PERMIT.	PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4 cente Myocardial Dis.	
W. PRESTON VITHIN 24 P. FENCIL IN ITER MINER PEION TRANSIT PEION TRANSIT PEION OR REMOVA	DUE TO, OR AS A CONSEQUENCE OF	
PREST TITHIN CIL IN VER A ANSIT AL HY	Canditions, if any, which gove rise to immediate (b)	
ED WITH PENCIL AMINER L-TRANS AENTALE ACTALE	couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
XECUTED WIT VG" IN PENCI JOAL EXAMINE BURIAL - TRA AND MENTA AND MENTA	(c)	
AAAN AAAN AAAN AAAN AAAN AAAN AAAN AAA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.	
OF VITAL RECORDS, 201 W. PRESTON ST., ATE SHOULD BE EXECUTED WITHIN 24 HOUR IE WORD "PENDING" IN PENCIL IN ITEM 18. THE CHIEF MEDICAL EXAMINER ALONG W ILD BE USED AS A BURIAL - IRANSIT PERMIT. MENTOF HEALTH AND MENTAL HYGERE, D TO BURIAL - REMOVAL.	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	
HEF A VED OF HEF A	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20.	AUTOPSY?
A OF VITAL I	E None	YES NO
THE WENT THE MEN TO B	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
S SHOOT S	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITYOR TOWN COUNTY	
PRI STORY	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET STREET CITY OR TOWN COUNTY	STATE
DIV THIS C E, WRIT RWARE PAGE 3 STATE D	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
	22a Leertify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion	
EXAMINER: CERTIFICATE UDLD BE FOR DIRECTOR! I, WIRETHE S MARYLAND,	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,	
CAMI ERTIFIE IRECT WITH ARYL	TITLE (SPECIFY)	
A A A A A A A A A A A A A A A A A A A		~c/5/96
SEE SEE		
A DUN E	JOHN S. ROGERS ADDRESS 1919 SEMINARY ROAD, SILVER ST	PRING, MD.
TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD B TO FUNEAL DIRE AFTER PEATH, WITH BALTUMORE, MARY	230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	- CT-175
07/84 BP	BURIAL 6/18/85 FT. LINCOLN CEMETERY BRENTWOOD PRI G	EO STATEMD.
25M DHMH - 17	24. FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNA	TURE
(VR A15 ME (5))	500 UNIV. BLVD., W., SILVER SPRING, MD. 20901	-Mandell

00

orked ar the

MEDICAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ALSHYGIFME

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME OR PRINT)	BERTHA	A	AIDDLE	KORI	CKI	20. DATE OF DEATH	22	1985	8:30 M
	3. SEX FEMALE WHITE 76. BIRTHPLACE (STATE OF EOREIGN CUBA) CUBA					S. DATE C	UARY 9, 1902	6. AGE (IN YEARS LAST)	IF UNDER 24 HRS HOURS MIN.		
1						/HAT COUNTRY? & MARRIED NEVER MARRIED WIDOWED DIVORCED			MERY C	COUNTY	MD
	ROCKVILLE 13 LAKE CO					ADDRESS)	PROTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEW		HEEL INDUSTRY	N HOME
5	13a. S	ARYLAND		GOMERY	GIVE RESIDENCE BEFORE 131. CITY OR JOW ROCKUI		13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS	E Coul	RT 2	0853
1		THER'S NAME HAIM		MIDDLE	LIBEZU		NEJAME	WE		BÂ	CKALCHUK
	16a V	VAS DECEASED EV	VER IN U.S. AR) (# YES. GIV	MED FORCES? /E WAR OR DATES)	219-76-0		MAIDA NUSS	BAUM, 13 L	AKE CO	OURT MARVIA	
		18. CAUSE OF DE PART I. DE ATH	H WAS CAUSE	nly one couse per D BY: TE CAUSE (o)	Paidu	Mes	perator	arres	+	APPROXI BETWEEN	onser and death
		Conditions, if a gove rise to couse (a), st	immediate	(b)_	R AS A CONSEQUE	ain	-two	2		6	montlo.
	z	underlying ca	iuse last	((c)			NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION G	OVEN IN PART 10	a.
7	TIFICATION	19a DATE OF OPE	RATION P- 85	I SECOND	TION FOR WHICH	HU II	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES []	

ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY P.M 21e PLACE OF INJURY

YEAR 19

(AT HOME STREET, FACTORY, OFFICE, EARM, ETC.)

211. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

COUNTY STATE

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

DR. OCTAVIO POLANCO, M. D.

22e. ADDRESS 5530 WISCONSIN AVENUE CHEVY CHASE, MARYLAND

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURTAL 5/24/1985 MOUNT LEBANON CEMETERY

PRINCE GEORGE'S. MARYLAND

FUTNALUE M. STEIN HEBREW MEMORIAL FUNERAL HOME WASHINGTON

DHMH - 16 50M 4/83 (VRA 15, 4)

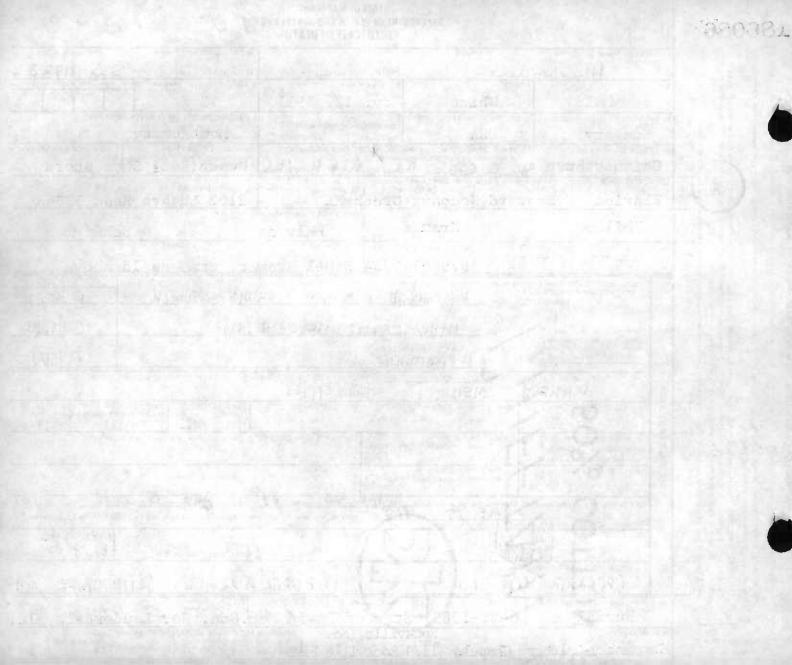
should be detached with the State Dept.

MPORTANT

		rasm
		- < 1 Cat 10
BLU LIAL T		
- A - A - A - A - A - A - A - A - A - A		
5 / BEST 1		
THE PROPERTY.		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 186086 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) exander ram 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH MONTH 12°, 1911 Male White Nov. 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Hungary USA Montgomery DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Owner (Ret) Shoe Store Gaithersburg USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE DEFORE ADMISSION 130. STATE 130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Florida 2102 Lucaya Bend 33066 Broward Coconut CreekesXX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Philip Malvena Kramer Schwimmer ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT YES NO OR UNKNOWN 579-07-6884 Ethel Kramer: same as 13 above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTHE OH M IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF CATHER DATE CLEARLY Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 124 PROJUTIVALON DIVISION OF VITAL RECORDS, 201 d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO O CERTIFICAT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 211. LOCATION ž 21d. INJURY OCCURRED 21s. PLACE OF INJURY ö STREET CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ! NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from , and that in (my) (our) opinion death accurred an the date and haur and from the causes stated sow the deceased alive on. abave, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN N DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME ITY 22ª ADDRESS M 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial 6-26-1985 Star of David Mem. Gdn. No. Lauderdale.Fla. Rockville, Md. 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Danzansky-Goldberg Chapels: 1170 Rockville Pike

(VRA 15, 4)



STATE OF MARYLAND

	1 -	STATE REGISTRAR		DEI ANTI	CERTIF	ICATE OF DEATH	REG. NO				
		CEASED NAME FIRST	٨	NDDLE	ı	AST	20. DATE OF DEATH	NONTH DA	AY YEAR	26 HOUR	
	(TYPE	Walte	r		Ladus	ky	June 24, 1		7:18PM		
	3. SE)	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	F UNDER TYEAR	IF UNDER 24 HRS	
1		Male	Caucasia		Sept		58	YRS	ONIHS DAYS	HOURS MIN.	
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D WEVER MARRIED	9 BALTIMORE CITY OF				
1	Con	nnecticut	United S	ted States widowed						MD.	
	100	TY OR TOWN OF DEATH		OSPITAL, NURSIN PACILITY, GIVE STREET Democracy		OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF Broker		INDUSTRY	Estate	
	13a. S	TATE 13b. COUNTY 13c. COUNTY 1		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Potomac		13d. INSIDE CITY LIMITS? YES \(\text{NO } \text{NO } \$\text{\$\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$	13e STREET ADDRESS / 10528 Demo		Lane/	20854	
Ó	14 FA	THER'S NAME FIRST Peter	MIDDLE	Ladusky	n	15. MOTHER'S MAIDEN NAME Alexand	WIDDLE		Kerno	vets	
1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES GIV NO									
		18 CAUSE OF DEATH (Enter on		line for (a), (b), and	dicti				BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: [E CAUSE (0)	l l	Metasi	tatic Prostate	e Carcinoma		3	yrs	
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
	_	PART 2. OTHER SIGNIFICANT O	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	ITION GIVE	N IN PART 10	3	
	Ö					asarca with As					
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X		WERE FINDING CAUSES		
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	5110	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 1B PA	RT (OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE	
		sow the deceased alive an above, (1) (XXXXX) (did no	June 2	3	June 35	17 , 19 85 and that in (my) (our) apinion (that (I) 🗱 lost causes stated	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

Brian Turrisi MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE June 27, 1985 1601 18th St

22e ADDRESS

ATTENDING

DEGREE

NW Washington, D.C.

STAFF DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

MEDICAL

Cremation 27, 1985 Metropolitan Crematory Alexandria V: 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250 DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE Virginia

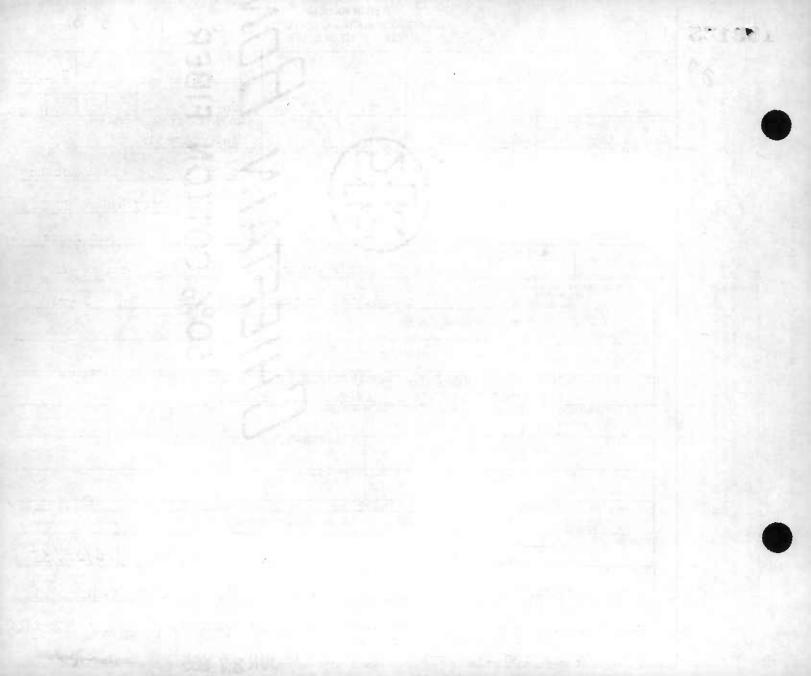
P.A. Rockville, Maryland

COUNTY

22c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR:



1	78	103
	may be	page 3 or death
	both certificate be executed within 24 hours after death	teading physician and complexity filled in by the funeral page 3 embanding physician and 2 should be filed with 72 hours after death
1201	ours offer di	o by the to
TON ST., BALTIMORE, MARTLAND 2120	within 24 ho	state tilled 5 2 should b
MOKE, MA	executed	and compl
ST. BALTI	ertificate be	g physician on papers.
NO	earth ce	tendin e corb

DIVISION OF VITAL RECORDS, 201 W

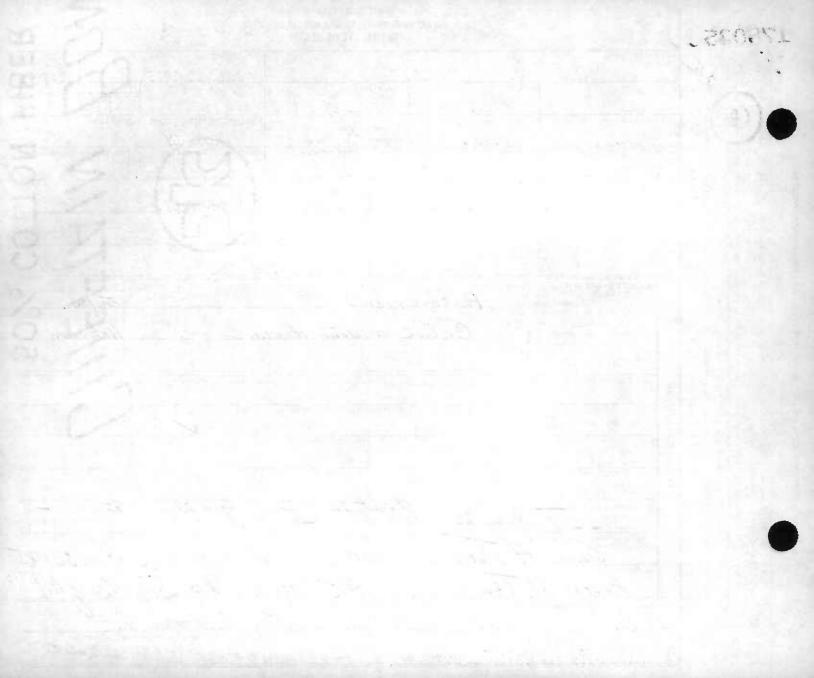
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retoined by the haspital or ottending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			T OF HEALTH AND MENTAL HYGER TIFICATE OF DEATH	REG. NO.	, 0 0 0
J. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) ROLA	AND W.	LARSON		JUNE.22 1985	9:001
3 SEX	4. RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
MALE	CAU	C	APRIL 27 1918	67 YRS	MONTHS DAYS HOURS MIT
70. BIRTHPLACE (STATE OR FO		WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	
WISC.	U.S.		MARRIED NEVER MARRIED DIVORCED	MONTGOM ERY	,
10 CITY OR TOWN OF DEA			OME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS
TAKOMA PK.			CARE CENTER	Electrical En	
USUAL RESIDENCE (IF NURSI				13e.STREET ADDRESS / ZIP CO	
MD	MONTGOMIERY	SILVER SP		109 DEVON CT.	00710
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
CHRIS LARSON	V		BERTHA MEI	HAK	ZMJ1
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	
NO	NONE	397-14-838	3 FLOYCE LARS	ON 13e	
18 CAUSE OF DEATH	H (Enter only one couse per AS CAUSED BY	r line for (a), (b), and (c	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEDIATE CAUSE (a)	Parkarso	alam .		5 yrs
underlying cause					
PART 2 OTHER SIGN	(c)	ONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION (GIVEN IN PART I a
PART 2 OTHER SIGN	NIFICANT CONDITIONS C		TH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF Y	GIVEN IN PART TIO YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\sigma \color \)
PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND	IFICANT CONDITIONS CO	DITION FOR WHICH OPE	ERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING	IFICANT CONDITIONS CON	DITION FOR WHICH OPE DF INJURY M. MONTH DAY	YEAR 19 216 HOW INJURY OCCUR 217 LOCATION	200 AUTOPSY? 206. IFY	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTEY MEDIC 21d INJURY OCCURR WMIE NOTEY MOUNT AT WORK 22a.I certify that (I)	SERVING 196 CONDITIONS	OITION FOR WHICH OPE DF INJURY .M. MONTH DAY .M. OF INJURY (REET, FACTORY, OFFICE, FARM.	YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET 19 217 LOCATION 19 218 LOCATION 19 219 219 219 219 219 219 219 219	200 AUTOPSY? 200 IF Y IN CER YES NO PRED (ENTER NATURE OF INJURY IN ITEM II	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE TOUR PART 2)
PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING OF (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 27a. I certify that (U) saw the decease obove, (1) (wee) (d)	SERVING 196 CONDITIONS	DITION FOR WHICH OPE OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM, the deceased from 19	YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET 19 217 19 218 19 219 219 219 210 210 210 210	200 AUTOPSY? YES NO PROPERTY NOTES IN CER RED (ENTER NATURE OF INJURY IN ITEM II	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SEPTION PART 2) COUNTY STATE That (1) (weekloom) and from the couses stoted
PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER NOTIFE MEDIC 21d INJURY OCCURR WHILE NOTIFE MAD IN ON THE ACT WHO ACT WORK AT WORK 22a. I certify that (1) saw the decease obove, (1) (was) (4) 22b. SIGNATURE	IFICANT CONDITIONS CON	DITION FOR WHICH OPE OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM, the deceased from 19	YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET And that in (my) (outs apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF Y IN CER YES NO PRED (ENTER NATURE OF INJURY IN ITEM II	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE TOUR PART 2)
PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHATE NOTIFY MEDIC 21d INJURY OCCURR 22a. I certify that (U) saw the decease obove, (1) (wee) led	IFICANT CONDITIONS CON	DITION FOR WHICH OPE OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM, the deceased from 19	YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET 217 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? 200. IF Y YES NO P RED (ENTER NATURE OF INJURY IN ITEM II CITY OR TOWN 10 PER 20 death aguirred on the date and h	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SEPTION PART 2) COUNTY STATE That (1) (weekloom) and from the couses stoted
PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COT INFERIMENT NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOTIFY MEDIC AT WOR 27a. Certify that (I) saw the deceose obove, (I) (wee) 64 27b. SIGNATURE 27d. PHYSICIAN'S NA 27d. PHYSICIAN'S NA 27d. SPECIFY)	AIFICANT CONDITIONS CONTIONS C	OITION FOR WHICH OPE OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM. The deceosed from 19 The office death.	YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET And that in (my) (outs apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200. IF Y YES NO P RED (ENTER NATURE OF INJURY IN ITEM II CITY OR TOWN 10 PER 20 death aguirred on the date and h	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SEPTION PART 2) COUNTY STATE That (1) (weekloom) and from the couses stoted
PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTE'S MEDIC 27a. I certify that (I) saw the decease obove, (I) (wee) Id 27b. SIGNATURE 27d. PHYSICIAN'S NA 27d. PHYSICIAN'S NA 27d. BURIAL, CREMATION, I	AIFICANT CONDITIONS CO	OITION FOR WHICH OPE OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM. The deceosed from 19 The office death.	YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 ATTENDING PHYSICIAN 220 ADDRESS 220	200 AUTOPSY? YES NO PARED (ENTER NATURE OF INJURY IN ITEM II CITY OR TOWN TO PARED A CONTROL OF INJURY IN ITEM II CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICIAN D 23d LOCATION CITY OR TOWN	COUNTY STATE 19 COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 dous_s LARYNX-POST LARYNGELVEN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27L DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12013 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) STATE Burial Gate of Heaven Cem. Silver Spring Montg. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 316 Emss Diamond Ave sabell Gaithersburg .Md. 2087 Gartner Sandison F. H.

STATE OF MARYLAND

2b. HOUR

126. KIND OF BUSINESS OR

Watkins

ALL TO BODY SHOP

IF UNDER TYEAR

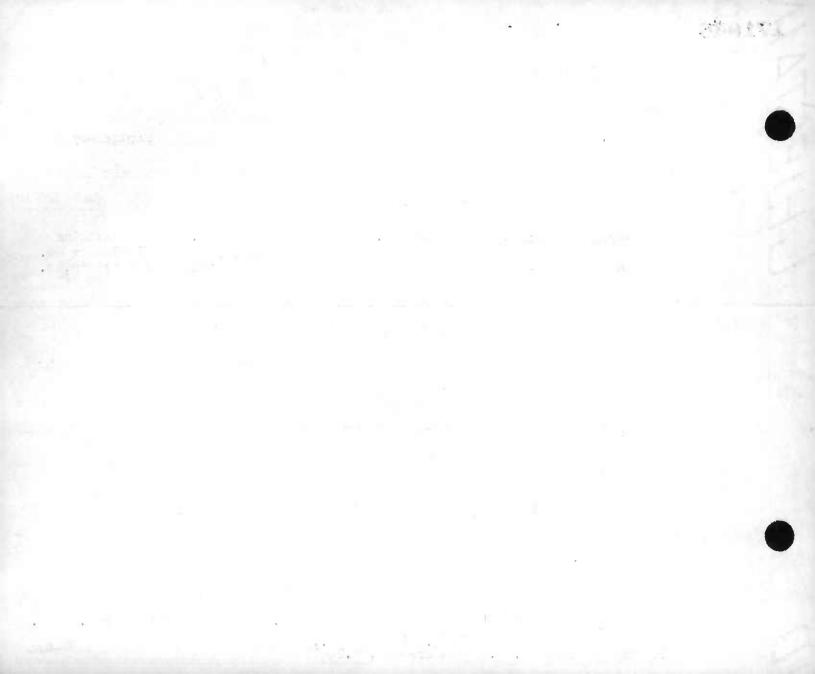
INDUSTRY

9:001

IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)

0



DHMH - 16 50M 4/83

(VRA 15, 4)

Bearing and Andrewskill, heaptigue hoods are in the terms Marie Commence of the Commence

MAIN ST., CHESHIRE, CONNECTICUT

(VRA 15, 4)

STATE OF MARYLAND

Titul 28, Lety THE WAR ON SAME TO SERVE TO SE

1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.								
	ECEASED NAME FIRST PE OR PRINT) COL	olyni	Lee	20 DATE OF DEATH	6-27-85 25 HOUR					
3. S		4. NACE Black	5. DATE OF BIRTH MONTH BEPT. 28.1958	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UND R 24 HRS MONTHS DAYS HOURS MIN.					
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) D. C.	76. CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF						
1/10	AKOMA PARK	(IF NOT IN SUCH FACILITY, GIVE STREE	ADVENTIST HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CLERICAL						
130	Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORM UNITY P.G. 13c. CITY OR TO Seabro	OK YES NO NO	13e STREET ADDRESS /	tina Dr. 20106					
00		Matthew Lee		AME MIDDLE ADDRE	Butler					
5 16a	WAS DECEASED EVER IN U.S., (YES, NO OR UNKNOWN) (IF YES,		-5849 Cornelia							
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	ladgking Disea	MINAL DISEASE OR CONE	DITION GIVEN IN PART I (a					
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI 21d. IN JURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJUR						
	22a certify that (1) (this hosow the deceased olive obove, (1) (we) (did) (did)	spitol) ottended the deceosed from on 27 19, not) view the body ofter death.		to to to death occurred on the do	27. 19. That (I) (we) lo					
7	226 PHYSICIAN'S NAME (TYPE	elineton MI	100 1000000	MEDICAL STAF	IAN 0 0 2 1 18 5					
	It. Wa	shinaton MI	0 501 N Trac	but Ave, Go	oilledovaly?					

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

7/2/

23d, LOCATION CITY OR TOWN

and another than the second of
ovodane se a com par The los to be a little

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 23	5-	
O	-	
	DEC NIC	

17673

- 1	TEG TO THE WIT							REG.	NO.			
	1. DECEASED NAME (TYPE OR PRINT)	Kin		SZETO		l e e		20 DATE OF DEATH	ve 13	5 198.	26 HOL	OIF
	female		4 RACE	neself	5 DATE O		YEAR 3/	6. AGE (IN YEARS LAST		IF UNDER 1 YEA		24 HRS MIN.
1	70 BIRTHPLACE (STATE O	R FOREIGN	7b. CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER	VORCED	9 BALTIMORE CITY	+ 901		,	MD.
9	Silver Sp	ATH		HOSPITAL, NURSIN	G HOME		+al	120 USUAL OCCUP.	ATION ST OF WORKING LIFE	12b. KIND INDUSTR	of BUSINE home	
7	USUAL RESIDENCE (INNU	136 COUN	other institution ity	GIVE RESIDENCE BEFORE	Sp9	13d INSIDE C	ITY LIMITS?	13. STREET ADDRES		Dr.,	2090	6
2	14 FATHER'S NAME FIRST Szeto	J	ung	Siang		I	MAIDEN NAM	Jik	-	Ŋ	ůi	
1	160 WAS DECEASED EVE (YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	578-02-3		Yuen F		ee(Husband	l) Same		13 DXIMATE INTER	
		y, which namediate ing the ise last.	DUE TO, OR DUE TO, OR DUE TO, OR (c) CONDITIONS CO	R AS A CONSEQUE	DEATH BUT	uction	-	INAL DISEASE OR CO		EN IN PART	3[_26	
7	210 ACCIDENT WAS U	NDERLYING C	21b. TIME OF	FINJURY M. MONTH DA				YES NO	IN CERTIFY	YING CAUSE	S OF DEAT	H?
	IF EITHER NOTIFY ME 21d INJURY OCCU WHILE NOT NOT NOT WAT WORK AT WORK	VHILE	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET)N	CITY OR	TOWN	COUNTY	S	TATE
	226. SIGNATURE	(dd) (did no	view the body	5 19	,	DEGREE'	ATTENDING PHYSICIAN (L	deoth occurred on the	TAFF		that (I) (ne couses store SIGNED	
	Robe	AME STYPE O	Fox	mo		18(11 F	s Vince 1	Philip Dr.	Olney	, m	d.	
	230. BURIAL, CREMATION (SPECIFY) Burial 24. FUNERAL DIRECTOR	I, REMOVAL	23b. DATE 6-19-19			emetery or con Nat	ional C	23d LOCATION CITY OF TOWN EN., Suitie E REC'D. BY REGISTR.				1AMD

DHMH - 16 60M 7/B4 (VRA 15, 4)

J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FLOTTINE.

TOTAL STREET

· ION

Jane 15 W.

unit d

enon su

1132 - 510006 0., 2 51

7 (. 8 5 10 0 18 - 2011

(---) 3 Yuen eth Ise(usban) = e as 13

ARR 15 7 17 11

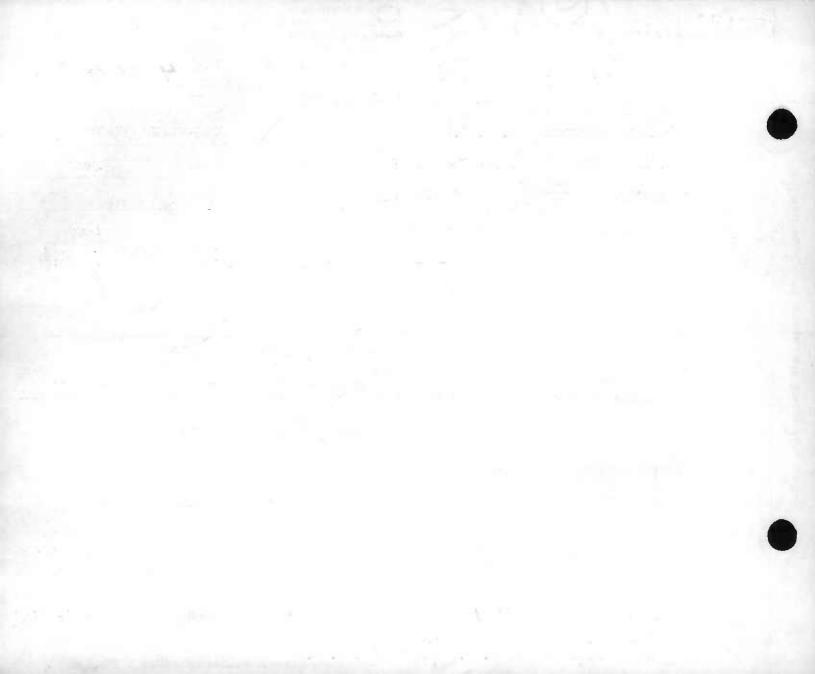
Englot - 1 -3 or tentin ton noticenl der., suisland, Fildson e Co., Mil

J. OSCH. Lee's Some Co. Sug-Han St., Jo, cam. a 220 cd

							E OF MAKILA						100	
169090	1.	FOR STATE REGISTRAR	5		DEPAR		ICATE OF D	MENTAL HYG DEATH	iene8	REG. NO.	1 7	6	7 4	
		CEASED NAME	FIRST		WIDDLE		LAST		2a DATE OF	DEATH MON	TH DAY	YEAR	26. HOUR	P
noy be poge 3	1	1 1 4	aul		7.	1	0.9			00	0 12	85	1.53	SM
you of a	3. SE			4. RACE		5. DATE	OF BIRTH		6. AGE (INY	ARS LAST BIRTHDAY	rj IF I	UNDER TYEAR	# UNDER 24	
of to		Madia		1		MONT		23	62			NIHS DAYS	HOURS	MIN.
Pog direct	70 B	MALE ISTATE OR FOI	DE ICAL		WHAT COUNTR	12 8	32	42	9 BALTIMO	RE CITY OR CO	YRS.	E DEATH		_
4 55 3/1		COUNTRY	KEIGIN /		WIAICOONIA	MARRIE	D NEVER /			- -	,0,111	DERM		
876511		nnsylvania		USA		WIDOW		VORCED		omery				MD
d the	10. C	ITY OR TOWN OF DEAT		(IF NOT IN SU	HOSPITAL, NURS	ET ADDRESS				CCUPATION FOR MOST OF WO	RKING LIFE)	INDUSTRY		SOR
		coma Park			gton Adv		Hospit	al	Retir	ed		US G	ov't	
10 Par 100	13 ₀	AL RESIDENCE (IF NURSIN	SHOME OR O		13c. CITY OR TO		13d INSIDE C	ITY HAUTS?	13e STREET	ADDRESS / ZIP	CODE			
The state of the s				Arunde:				KKON		Nile Ro		210	35	
d 22 mg	_	ATHER'S NAME					-	S MAIDEN NAM					- 21	
A Par E	V	Ben jar		AIDDLE	Leo		M	erv erv		MIDDLE		Faz	ST C	
Z	160	WAS DECEASED EVER IN		AFD FORCES?	16b. SOCIAL SE	CURITY NO	17 INFORMA			ADDRESS		rad	10	
edico	1	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)										
		res	WW I	I	200-16-	0009	CLaire	C. Lec)	same as	з тзе		COLUMN TOWNS	
ysici oper vol.		18. CAUSE OF DEATH PART I. DEATH WA			r line for (o), (b),	ond (ci.)		11 .1				BETWEEN	ONSET AND DE	ATH
p ph one ever				E CAUSE (o)	Nes	engun	y Mou	WILLIAM	4			ne	0	
ding or post				DUE TO C	RAS A CONSEG	LIENICE OF	4.1	10.	1					
deoth deoth otherd		Conditions, if ony,	which	((b)	ner	Take	mull	were				M	05	
PR P		gove rise to imme	diote	3 205 70 0	9	.0		,						
W by the		underlying cause	last.	DUE TO, C	R AS A CONSEC	TIMIL	1 /A	low				46	Ws-	
- peo -		PART 2. OTHER SIGNI	EIC ANIT C	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT BELATED	TO THE TERM	INIAI DISEAC	CONDITION OF THE PROPERTY OF T	ONLONEN	LINI DART 1	101	
RDS, 20 equires n signe troburi	Z	TAKT 2. OTTEK SIGINI	I ICAINI C	ONDINONS C	ON KIBOTINO I	O DEATH BO	NO! KELAILE	TO THE TERM	INAL DISEAS	L OK CONDING	NA GIVEIN	III TAKI II	.0	
been mit. T	CERTIFICATION	19a DATE OF OPERATION	ON	19h COND	ITION FOR WHI	TH OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY2 I20h	LE YES. V	VERF FIND	INGS USED	
low os b	55	The DATE OF OVERTON		1.0		01 2 110			_	/ IN	CERTIFYIN	NG CAUSES	S OF DEATH	?
TAL The The The String of the house of the h	I E	71a ACCIDENT WAS UNDER	NAME (21b. TIME C	DE INTURY		Tale HOW/IN	LILIDY OCCUPE	YES	NOI	YES (ио 🗌	
AN: TI hysicia fronte tronsi 1 Hygi		OR CONTRIBUTING CA		110110 4		DAY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NA	TURE OF STATE AND	TEM 18 PART	T OR PART 2)		
ON OF IYSICIA ding ph ding ph s certifi buriol-th Mentol	S	(IF EITHER, NOTIFY MEDICA	LEXAMINER)		.M.	19								
PHYSICIAN: ending phys this certifico te buriol-trea d an Hem 18	MEDICAL	21d. INJURY OCCURRE			OF INJURY	F FARM FIC)	211 LOCATIO			CITY OR TOWN		COUNTY	STA	TE
NISIG PH offen offen street the street of th	>	MHILE NOT WHILE		1	meet, the tokt, of the	c, rann cre y	h.	400		1.		~		
A O O O O O O O O O O O O O O O O O O O		22a.1 certify that (1) (1	his hospit	ol) attended	ne deceosed from		uly	19 87	, to	Junu	, 19	T	that (I) (we	e) lost
P P P P P P P P P P P P P P P P P P P		sow the deceased	olive on		VN 12 19	72.0	nd that in (my)	(our) opinion	death occurre	d on the date o	nd hour a	nd Irom the	coures state	ed
R ATTER hospito RECTOP red for pt. of H em 21 i		221/SIGNATURE	d) (did not	view the body	y offer deoth.		DEGREE					22r DAT	ESIGNED	_
0 0 0 0 0 7		VALA	less 1	1/(1/)	(H)	1	-	ATTENDING	MEDICAL	STAFF		6	112/8	
PITAL by th se detection detection and and and and and and and and and an	4	22d PHYSICIAN'S NAM	AE TARE OF	1/VX	SU Q	1	Tite ADDRES	PHYSICIAM I	DIRECTOR	PHYSICIAN	П		1190	
HOSPITA vined by FUNERA buld be de high the Stot		MARACIAL	\ /A	Olta	WHE	MAM	A This	D. (Aut 1	5/11/11	11/0	I my	17M7	7
O HOSPITAL TO FUNERAL should be de with the Stott		INHIGHT &	1 10	416	13 63	U WWI	Maria	XICL G	MM	Jun	MI	2118	100	6
55 - 2 5	23a.	BURIAL, CREMATION, RI	EMOVAL	236. DATE	23	. NAME OF	EMETERY OR	CREMATORY	234 LOCA	DION!		COUNTY	STA	TE
BP		Burial		June 1	5 1985 S	acred	Heart C	h. Cem.	Bot		rylan	-	316	
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	100	130.1			olis Rd	25a. DATI	REC'D. BY R	EGISTRAR 255	REGISTRA	R'S SIGNA		
(VRA 15, 4)	R	and Timera	How	S. Car	4	Mary		10	N 14	985 Fu	he Da	HOSON-	Pandelle	

232 CARROLL STREET, N. W., WASHINGTON, D. C.

(VRA 15, 4)



that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 1234 NAME OF CEMETERY OR CREMATORY King Solomon Mem. Park 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 6-24-1985 (SPECIFY) Burial Clifton COUNTY New Jersey 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 11800 N.H. Ave., Hines/Rinaldi Funeral Home Silver Spring, Md. 2 Davidson

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔎

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

IF UNDER 24 HR

NDER I YEAR

LAST

APPROXIMATE INTERVAL

NO |

STATE

Braver

20b. IF YES, WERE FINDINGS USED

COUNTY

YES [

IN CERTIFYING CAUSES OF DEATH?

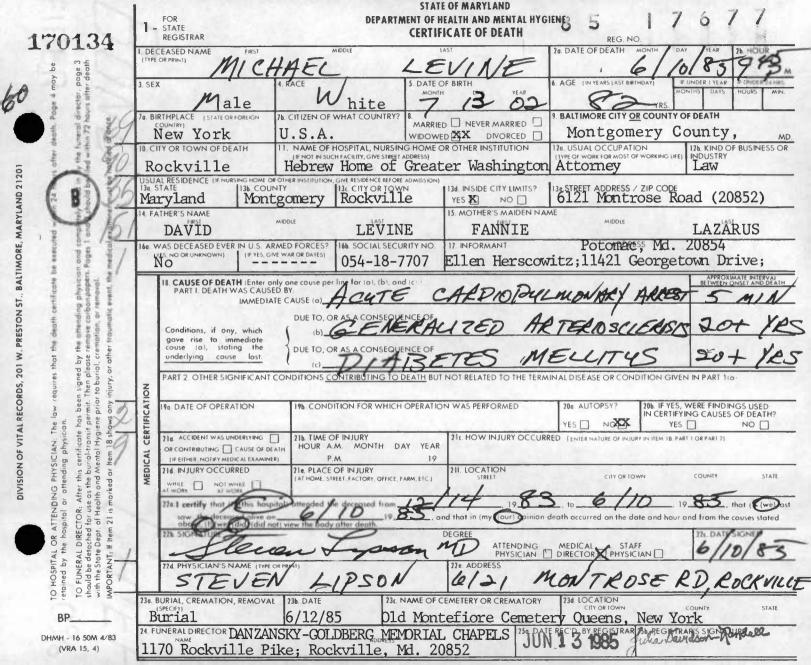
DHMH - 16 60M 7/84 (VRA 15, 4)

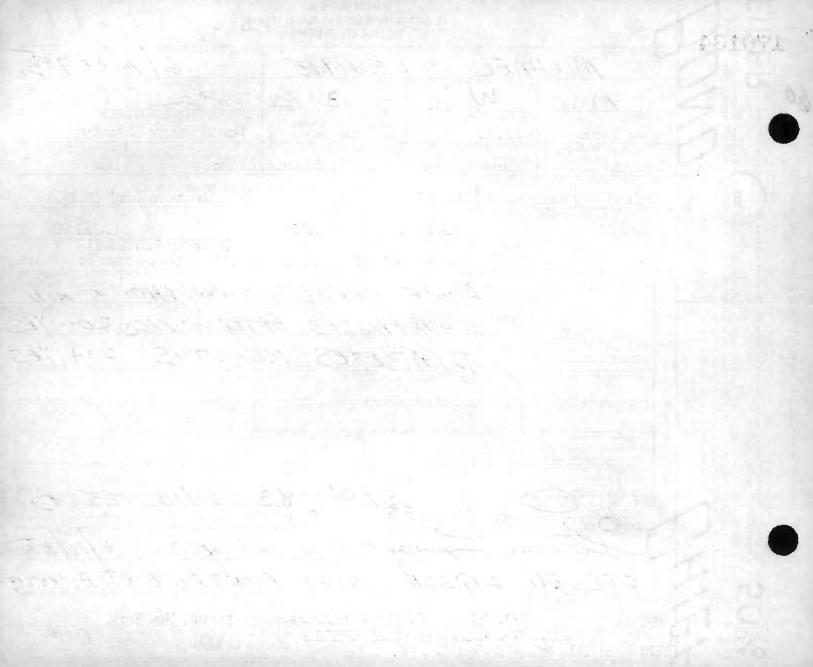
178112

- STATE

REGISTRAR

JUN 2 STREET STREET





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND **CERTIFICATE OF DEATH**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 DE	CEASED NAME	FIDS? "		MIDDLE	-	AST Tours		20. DATE OF DEATH MONTH DAY YEAR 26. HOUR					
		OR PRINT)		rene	WIDDEL	, '	AST Lewis	3	20. DATE OF DEATH			28. HOU	15/	
			LREI	NE		1- d	EW15		6 12 85 6 4					
1	3. SEX	X		4 RACE		5 DATE C			6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
j	,	Female		Un	nite	MONTH 5	26	1904	8/	YRS.	HSI DAYS	HOURS	MIN.	
9		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVED A	ARRIED M	9. BALTIMORE CITY OR C	OUNTY OF	DEATH			
7		Kansa.	4	6	LSA	MARRIE! WIDOWE		ORCED	Montgomery MD.					
5	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	G HOME C			12a. USUAL OCCUPATION 12b. KIND OF BUSINES.					
1	01	nev ma	/	Brooke	-1 - 1	ISIN		7	Secretary	ORKING LIFE)	US G	ov't	•	
1	1307 134. S	AL RESIDENCE LIF NUR	Zour	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Washingt	N	13d INSIDE CI YES 🛣	TY LIMITS?	13. STREET ADDRESS / ZI	r CODE	t./20	003	199	
N)	14. FA	THER'S NAME		MIDDLE	LAST	15 MOTHER'S MAIDEN NAM								
H	100	Oliver		owell	Lewi	S		phia	Lee		Talkington			
Ė	160 V	VAS DECEASED EVER I	N U.S. AR	MED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORMA	4	ADDRESS					
3	()	yes, no or unknown) No	(IF YES, GIV	E WAR OR DATES)	577-58-	5758	Lewis	Trott	, 11809 Galt Ave, Wheaton, 1					
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Recentaceute ML, at tio. a VA a Nhemipairies, myfedeme										de	ep.			
2	CERTIFICATION	190 DATE OF OPERAT	ION	196 COMDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED		IB. IF YES, WE CERTIFYING YES	G CAUSES		TH?	
1	MEDICAL CER	710. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR) WHILE AT WORK AT WORK	AUSE OF DEA	21e PLACE (M. MONTH DA	19	216. HOW IN.		RED (ENTER NATURE OF INJURY IN		OR PART 2)	S	STATE	
		sow the deceased olive on obove, (A (was ridd) (did not) view the body after death 19 8:57, and that in (my) (not) opinion death occurred on the date and have a obove, (A (was ridd) (did not) view the body after death 19 8:57, and that in (my) (not) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove, (A (my) (not)) opinion death occurred on the date and have a obove a obove, (A (my) (not)) opinion death occurred on the date and have a obove a									22c. DATE	couses sto	oted	
		Frederic					18111		Philip Dr.,	Olney. MD				
П	23a. B	SURIAL, CREMATION, F	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR C		23d. LOCATION					

DHMH - 16:00M07/84

(VRA 15, 4)

Burial/Transit 24 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS, Inc.

Arkansas City, Kansas Riverview Cemetery

FUNERAL DIRECTOR JOSEPH GAWLET'S SONS, Inc.

5130 Wisconsin Ave, NW, Washingtton, DC 20016 UN 1 8 1985 fulia Davidson Registrar 23b. Registrar 25b. Registra

STATE OF MARYLAND 165104 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Russell V. Lewis 6 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS NOV. 6°, 1905 MONTHS DAYS HOURS Male White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.SA. DIVORCED [Maryland WIDOWED Montgomery 12ª USUAL OCCUPATION IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Fairland Nursing Home S. State Auditor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mont. Silver Sp. 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Maryland Fairridge Drive 20904 YES TA NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Bertha MIDDLE Thomas J. Lewis D. Bennett ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 8739 Andrew APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR ASTA CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDIC 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 7/77 220 | certify that (It (this hospital) attended, the deceased from your) opinion death occurred on the date and hour and from the causes stated and that in (my) obove (1) (we) (did) (did not) wew the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF uld be detach the State UNERAL IMPORTANT: PHYSICIAN X DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS ū. 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN Lincoln CemeteryBrentwood 6/8/85 Marylan Burial 14 FUNERAL DIRECTOR France is Gasch's Sons 47309 ESS Baltimore Ave BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-16 25M** Grain Davidson-Randall (VRA 15, 4) 1/79 Hvattsville Md. 20781

alwal V. Heren Contract of the second I was a supplied to be a supplied to the suppl

186072	١,	FOR STATE	DEPARTI	STATE OF MAR	ND MENTAL HYGII	ENES 5	176	8 0
	1	REGISTRAR		CERTIFICATE O		REG. NO.		1000
di che de	1. DE	CEASED NAME FIRST	Arthur L	ifel		10 DATE OF DEATH M	NONTH DAY YEAR	26. HOUR
4 moy	3. SE	mala	I. RACE	5 DATE OF BIRTH	Y YEAR	S. AGE (IN YEARS LAST BIRTH	MONTHS DA	EAR IF UNDER 24 HRS
ect rs o	70 BI	RTHPLACE (STATE OR FOREIGN 7	b CITIZEN OF WHAT COUNTRY?	11-21-	1893	BALTIMORE CITY OR	YRS.	4
The state of the s	1	neinnati Ohio	USA	MARRIED NEV	ER MARRIED DIVORCED		meny	• MD.
	10. C	othesda	(IF NOT IN SUCH FACILITY, GIVE STREET		PINSTITUTION	120 USUAL OCCURATION TYPE OF WORK FOR MOST OF	WORKING LIFE) NOUST	TRY MILLIANS TRY MILLIANS TRY MILLIANS
D 2120		AL RESIDENCE (IF NURSING HOME OR C TATE 136 COUNT	13c. CITY OR TOW			13e STREET ADDRESS /	ZIP CODE	
MARYLAND 2120 red within 24 hours red within 24 hours red within 18 hours red within 18 hours	-	THER'S NAME	Tomery Kensing	15. MOTH	HER'S MAIDEN NAM	5201 Bang	por Drive	20895
W. Med		Henry	wiebel		Isabell	e Foil	stein	
BALTIMORE, cote be executions and croppers a			AED FORCES? 166 SOCIAL SECU YAR OR DATES) 269-05-	6637 Robe	rt C. Lie	bel-Son Ke	5201 3046 nsington, 1	gor Drive Ud. 20595
: 4 400		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	estine l	tent Fr	Eulene	APP BETWI	PROXIMATE INTERVAL VEEN ONSET AND DEATH
on Si		IMMEDIATE	2 1	ENCE OF	0 0.		((Week
201 W. PRESTON ST es that the death certi ned by the attending p please remove corbon urial, cremation, or ren v, or other troumatic ev		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE	Vale			Var.
DS, 201 quires th signed to hen plea o burial, jury, or a	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	ATED TO THE TERMIN	nal disease or cond	ITION GIVEN IN PAR	RT 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir otherding physician. Other this certificate has been sign os the burial-transit permit. Then the ond Mental Hygiene prior to b acked ar item 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
DF VITAN: THE physicic physical physicic physic physicic physicic physicic physicic physicic physicic physicic		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		AY YEAR	W INJURY OCCURRE	D (ENTER NATURE OF INJURY		
PHYSIC rending this cer he burion and Mentited at Items	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE	P.M. 21e PŁACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	19 21f LOC FARM ETC.) S	ATION	CITY OF TOW	n COUNTY	Y STATE
DING ar of Affer se as t colth o		220.1 certify that (1) this haspite	of ottended the deceased from .	6/1	19.85	to 6/5	26 10 85	that (I) we last
ispital Spital CTOR: A for use in 21 is		saw the deceased affect of the day	6/26 19		my) Cour pinion de	eath accurred on the dat		
AL OR the hor		THE SIGNATURE LETTE	loan	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF	1//	ATE SIGNED
O HOSPITAL efouned by the TO FUNERAL should be def with the Store		22 PHYSICIANIS NAME (TYPE OR	/\	22e ADD	PRESS 440	TUBEDA	Not-	7180E
PP	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) BUT18		name of cemetery	GREREMATORY COME	tery Monto	COUNTY	Ohio
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR	0 1 1	S.S. Nd.z	250. DATE	REC'D. BY REGISTRARY		

the time to the second section in the second of the second Balling Townson The Manager media - I make a M. W. Chamber S. C. Rist Capper S. S. Melerra

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

193006	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.									
eo eo e pe	1. DECEASED NAME FIRS (TYPE OR PRINT) J	AMES RALPH	LINDSEY, JR.	JUNE 20, 19	285 YEAR 26. HOUR 6:15 P M						
ector, page 3 urs ofter death	3. SEX MALE	A RACE NEGRO	5. DATE OF BIRTH MONTH DAY YEAR DEC 30, 1932	6. AGE (IN YEARS LAST BIRTHDAY) 52 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.						
å 50 g	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) D. C.	U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY COUNTY							
- P - 5//	BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET	CENTER, NIH	(TYPE OF WORK FOR MOST OF WORKING LIFE)							
filled in by rould be fill	USUAL RESIDENCE (IF NUMBERS HO 130. STATE MARYLAND	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE: OUNTY P. G. LANDOVE!	R 134. INSIDE CITY LIMITS?	13e SIREET ADDRESS / ZIP COD 7914 SHERIFF							
100	James	R. Lindsey, S	15. MOTHER'S MAIDEN NA Mazie	WIDDLE	Daniel's						
(1)2	Yes (YES, NO OR UNKNOWN) Yes (GEORGE STREET)	S. ARMED FORCES? 166. SOCIAL SECU SS. GIVE WAR OR DATES) 577-38-3		ADDRESS LINDSEY (WIFE)	SAME AS ABOVE						
physica physica physica emoval.	18 CAUSE OF DEATH (Ent PART I. DEATH WAS C.	18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTIC SHOCK									
death ce strending pre corbi	Conditions, if any, whic	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which () PNEUMONIA									
that the cost crema	cause (a), stating th	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
equires injury, a		NT CONDITIONS <u>CONTRIBUTING TO </u>	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART I TO						
No be for his bearing prior	190 DATE OF OPERATION	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES X NO									

21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR 21d INJURY OCCURRED 21e. PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN

COUNTY STATE

85

22a. | certify that (128this haspital)

NOT WHILE

and that in (X) (aur) apinion death accurred an the date and have and from the causes stated 22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

23c NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL

JUNE

24 FUNERAL DIRECTOR

3. WASHINGTON + SONS 4925 BURROUGHS AVE., N.E.

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

APRIL

DEGREE

LINCOLN CEM.

BLADENSBURG,

DHMH - 16 50M 4/83 (VRA 15, 4)

I is morked or Item

MPORTANT: If Hem

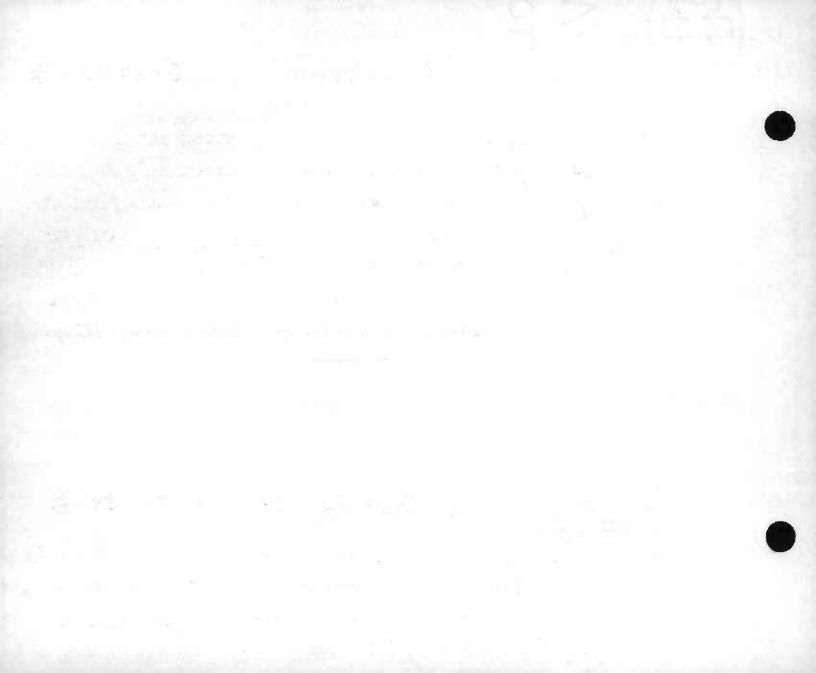
MEDICAL

Maria National Control

200091111

DHMH - 16 50M 4/83

(VRA 15, 4)



Chambers Funeral Home Silver Spring, Maryland

(VRA 15, 4)

STATE OF MARYLAND

English (2 and eagle to 1) The state of the s A separated by the last the common of the last the common of the common course comment and in a second advance The first of the formation of the same with the same of the same o BIRTH OF THE OWN OF THE LAND OF THE STREET STREET, STREET STREET, STREET STREET, STREE Land to the state of the state

6/17/85 Item	14	L.J		STATE OF M			
168113	1-	FOR STATE	MEDICAL EX		AND MENTAL HYG	IENE .	0 4
1007	LDE	REGISTRAR CEASED NAME FIRST	MEDICALEX		EKTIFICATE OF L	REG. NO.	DAY YEAR 12h HOLIR
тш . 20	(TY	E OR PRINT) Allard	MINUTE		erback	OF ESTI-	8:16
PLEASE ECTOR. FILES. HOURS	3. SE		IS DATE OF BIRTH 16		DER 1 YR. IF UNDER 24 F	- 06	5/10 19 85 p.M.
·		M Whete		74 YRS.		CONCLUDIACED	5/10 19 85 8:16
SAR ALD YOU STOI		RTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY	Y2 IA		9 BALTIMORE CITY OF COUN	1900 n.M
NECESSARY UNERAL DIS WITHIN 72 WITHIN 72 WITHIN 72	FC	OKLA I HIMA	1150	WIDOWE	41	Montgomery (
NO SERVICE		TY OR TOWN OF DEATH		NG HOME, OR OTHE		USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS
A 328'/		Bethesda	Suburban Hos	spital	Salar and the	GROCER RET.	GROCELY
- (00 mg)		AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)			20826
212	130 5	TATE 136. COUN	TEOMETRY CHEVY		13d INSIDE CITY LIMITS? 13e	STREET ADDRESS	ACE D.
MD. 1, 2, 2, 3, 4, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14. F.	ATHER'S NAME	ov act - heart		15 MOTHER'S MAIDEN N	AME	
DEE, M DEATH OF THE OF		EDWIN	H LOUTHE	RBACK	MATTIE	MIDDLE	LEVAN
TIMORI TER DE FORM FORM ON OF	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS	
A A B B B B B B B B B B B B B B B B B B		VES	446-6	01-4405	MARY ANN S	OUTH LOUTHBRASCIC	(SAME AT 132)
		18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), ar	nd (c).)		7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOUF CILL IN ITEM 18 KER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.		PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) MY	OCARDI.	AL INF	ARCTION	ACUTE
W. PRESTON WITHIN 24 PENCIL IN ITE MINER ALCH TRANSIP FE SINTAL HYGIP FE OR REMOVA			DUE TO, OR AS A CONSE	QUENCE OF	~	\	
WITHIN WITHIN NCIL IN INER. TAL H	10	Canditions, if any, which gave rise to immediate	(14/1-1	CLEKITIC	CHRDID VASC	ULAR DISASE	INDEK
TED WITHIN PRECEDURED WITHIN MANUAL TRANSMANTAL TRANSMANTAL PROVIDED WITHIN OR REAL PROVIDED WITHIN OR		lying cause last.	DUE TO, OR AS A CONSE	QUENCE OF			
RDS, 201 EXECUTED NG, IN P CAL EXA N BURIAL 1 AND ME WATION,			(c)				
N. RECORDS, 201 V WUD BE EXECUTED WEEDING" IN PR FE MEDICAL EXA SED AS A BURIAL- HEALTH AND MEI HEALTH AND MEI	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1	σ'.	
RECOI D BE E PENDII MEDII CRETH	MEDICAL CERTIFICATION	19s. DATE OF OPERATION	196 CONDITION FOR WH	ICH OBERATION W	AS DEDECRATED?		Tee Augusta
DIVISION OF VITAL REISONS OF VITAL REISONS OF CRETIFICATE SHOULD REDEATH OF THE WED A SEA SHOULD BE USED A SE DEPARTMENT OF HEAD OF PROPERTY OF HEAD OF PROPERTY OF THE CRETIFICATION OF THE CRETIFICA	₹ E		1138 CONDITION FOR WIT	ICH OPERATION WA	AS PERI ORMED!		20 AUTOPSY?
OF VITAL ATE SHOU E WORD " THE CHIEF THE CHIEF WENT OF F	E	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121c HC	W INTURY OCCURRED IS	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	YES NO
ON O IFFICAT TO THE FOULD	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DA	AY YEAR	1	4- 4-	au si
DIVISION S CERTIFIC RITING TH RDED TO FE 3 SHOU FE DEPART	DIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	AT HOME, 21f LOC	CATION P	TI TOME	
DIV THIS GE WARDE WARDE PAGE 3 17ATE DI 21201 F	×	WHILE NOT WHILE D	STREET, FACTORY, FARM, ETC.)	781	2 TERRACE	CITY OF TOWN CC	STATE STATE
. W & . O .				201		LA CHEVY CHASE	MINOU MY
			e of the remains described abave,	The second second		I, Inquiry [], and in my a	pinian
CAMINE COMMENTE OF THE COMMENT OF TH		death resulted fruiti: Name	Accident L	Suicide	Homicide U	ndetermined manner,	
MONE STATE		ACTUAL SIGNATURE	Mus	1-1/1/2	1 X ext	MEDICAL EXAMINER SIGN	6/10/35
SEA STATE	1		0/1	mes		MEDICAL EXAMINER SIGN	20814
TO MEDICAL EXAMI EXECUTE THE CERTIFIED PAGE 4 SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRINT)	WCIS (MA	412	ADDRESS S200 WA	sconsin Aw Both	ICSOUMD
534548_	23a. B	URIAL, CREMATION, REMOVAL 2	3b DATE 23c. NAA	NE OF CEMETERY OR	CREMATORY 23	d. LOCATION CITY OR JOWN COU	INTY A STATE
07/84 BP		Bureal	14214 1985 Ju	Wack Mem	useal Century	Melinik.	ablahom
DHMH - 17	24. F	JINERAL DIRECTOR	ADDRESS AND	1 1 1 1 1 1	250. DATE REC'I	D. BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
(VR A15 ME (5))	700	one brose stone. 30	MANTE DES CUNDO	DIN W.D	WN 13	1005 1 Saidens-	fandelle

CRIZA HERVITE U.S. A.

EDMA H LOUSENBACK NEWS 34706 (2015 A JULY) SOUTH LOW MINDS (SAME AS 150) JOSEPH SOLD

Chicag (Nert) Jegusy

Frank your Think Marry Buter Made & Charles Taloning whom Williams His Tourist A still C

	D.	æ
	b	54
	ě.	2
	5	3
	+	惠
ŀ	2	3
	Ŧ	P
	á	æ
		=
	5	25
	8	70
	ã.	5
	#	9
	2	力
	ete	04
	-0	79
	2	뫂
	8	~
	4	4
	D.	8
	5	15
	ė.	а.
	8	t
		8
	Ē	0
	名	3
	m	õ
	E	æ
	ġ	0
	8	×
	モ	Ξ
	Y	2
	ĕ.	1
	-	0
	â	0 5
	70	ě
	è	0
	6	u-e
	No.	£
	5	-
	ĕ.	老
	a,	£
2	ä	ź
8	£	2
Û.		4
E.	B	-
4	ĕ	£
-	ŧ	古
9	8	Ť
-30-	-	(3)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN - STATE CERTIFICATE OF DEA REGISTRAR DECEASED NAME FIRST

NTAL	HYGIEN	Pa
\TH		

REG NO 2b. HOUR 2a. DATE OF DEATH 6. AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 78

White Female In BIRTHPLACE ISTATE OF FOREIGN

MARU

Th CITIZEN OF WHAT COUNTRY?

Barbara

MARRIED NEVER MARRIED CK

1907

9. BALTIMORE CITY OR COUNTY OF DEATH

Garment Insp

New Hampshire 10 CITY OR TOWN OF DEATH Takoma Park

U.S.A.

DIVORCED F WIDOWED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

3 1AY

5. DATE OF BIRTH Jan.

Montgomery

176 KIND OF BUSINESS OR Garment

USUAL RESIDENCE (IF NURSING IN THE CONTINUE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Marvland

. G .

4 RACE

13c. CITY OR TOWN College Pk.

13d. INSIDE CITY LIMITS? YES TX NO [

13e.STREET ADDRESS / ZIP CODE 9014 Rhode Island Ave 15. MOTHER'S MAIDEN NAME

20740

4. FATHER'S NAME

No

3. SEX

MIDDLE John 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Lukaszewicz 166 SOCIAL SECURITY NO

Washington Adventist

Louise 17 INFORMANT 003-28-6253A

Domijan 9030 APP th Ave

Clara Gouin College Park, Md. 20740

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b) PART I. DEATH WAS CAUSED BY:

22a. | certify that (1) (this hospital) attended the deceased fram

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Advance Histia

Canditions, if any which gave rise to immediate cause (a), stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19a DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING T CAUSE OF DEATH

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

YEAR P.M. 71e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN

and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated

COUNTY STATE

saw the deceased alive an base, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE

6 - 5

DEGREE

ATTENDING /MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 6-6-81

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

6/10/85

23c. NAME OF CEMETERY OR CREMATORY St. Hedwig's

23d LOCATION Bedförd

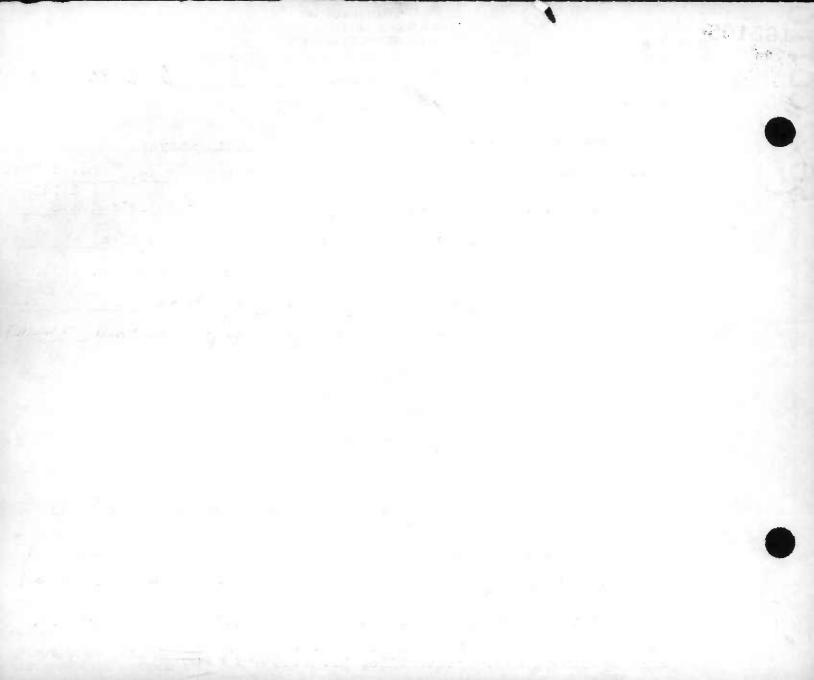
Hillsboro N.H.

DHMH - 16 50M 4/83 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A 4739 Baltimore Ave. Hyattsville, Md. 2018

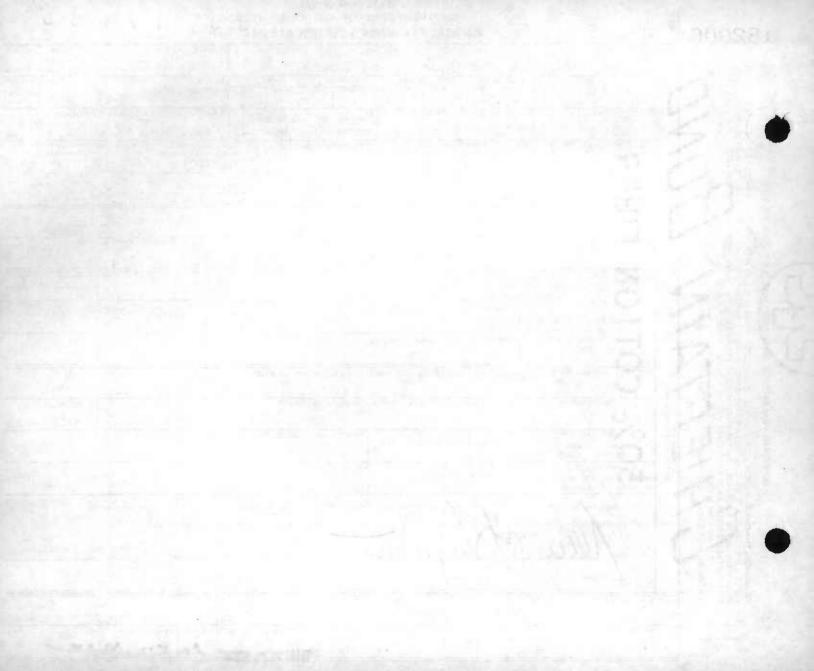
23b. DATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

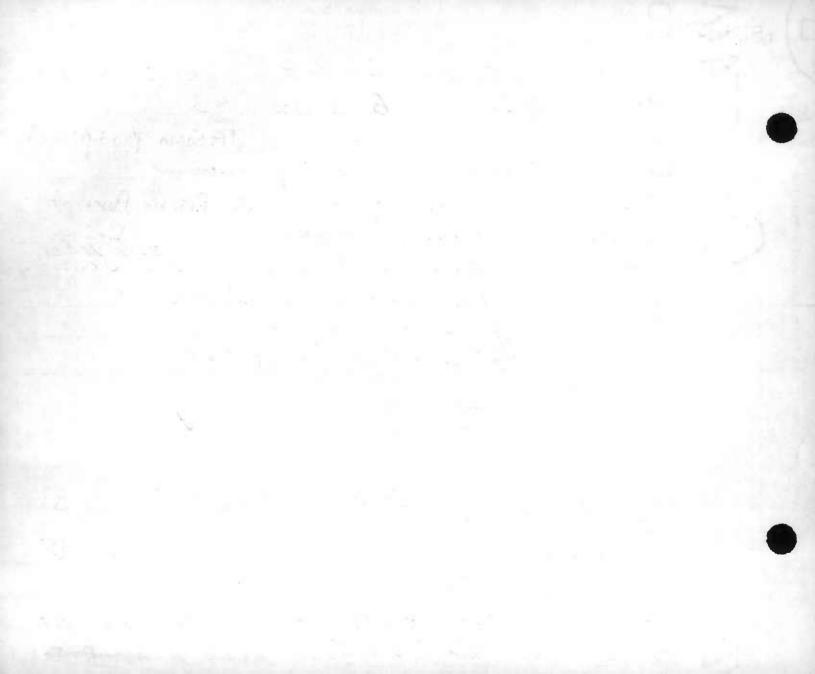


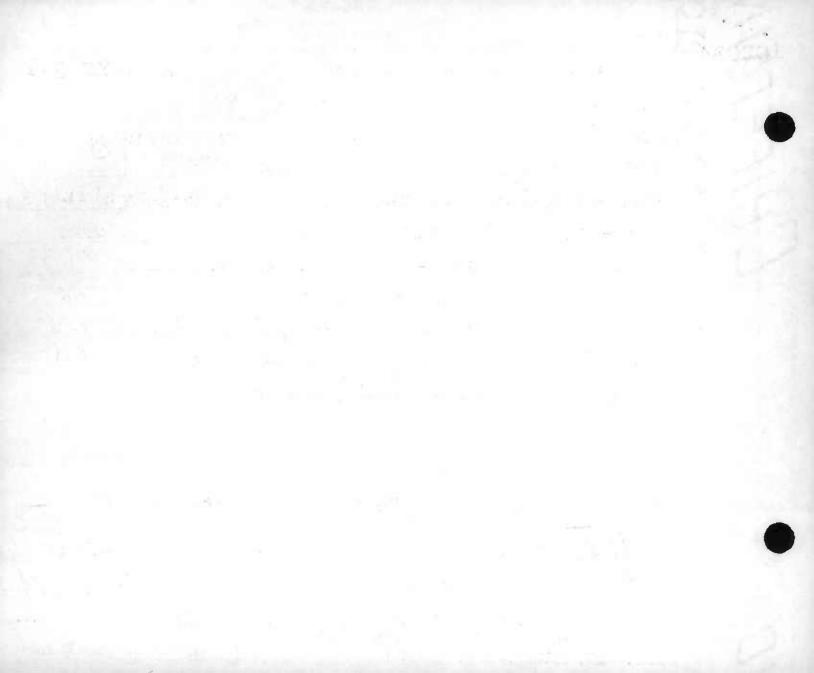
DEPARTMENT OF HEALTH AND MENTAL HYGIENE. FOR 1 - STATE 182008 REGISTRAR REG NO 1. DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) ESTI-Alejandro DEATH MATED XX A. Lucero 6-2 19 85 4. RACE 5 DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 3:30 DATE 3 YRS. PRONOUNCED NOV. 24.1961 MALE WHTTE DEAD 19 85 p. M 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED FOREIGN COUNTRY ECUADOR ECHADOR Montgomery County, WIDOWED DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Potomac River MECHANIC AUTOMOBILE URSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13e. STREET ADDRESS 13c CITY OF TOWN 13d INSIDE CITY LIMITS? VIRGINIA FATRFAX HERNDON YESXX 2131 FERGUSON PL : FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MARCO LUCERO JUDITH CASTILLO 7. INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 2131 FERTGUSON IYES, NO. OR UNKNOWN) (15 YES GIVE WAR OR DATES) 230-25-6952 (SISTER) NORA SOLTS HERNDON, VA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a) ALTH AND MENTAL HYGIEN CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNKEAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBALLIN YES [NO XX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY est. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR LINDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 2 . OPM. 6-2 19 85 subject drowned while swimming 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Sandy Landing, Va. water Inspection XX 77s. I certify that I took charge of the remain described above, held an Autopsy Inquiry and in my apinion Hamicide Undetermined manner Suicide TITLE (SPECIFY) SIGNED_6-14-85 Assistant MEDICAL EXAMINER SIGNATUR EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. 21201 M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURTAL 6/16/85 GROVE CEMETERY HERNDON VIRGINTA FAIRFAX 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** JAME BERKLEY GREEN 7721 ELDEN ST., HERNDON VA (VR A15 ME (5))

STATE OF MARYLAND



	1		STATE OF MARYLAND		
183147	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		1001
1002		REGISTRAR	CERTIFICATE OF DEAT	REG. NO.	
m 5		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e 4 may be ctar, page 3 after death		Estell	- Thema Luckes	H 6-1	7-1925 6am
m od tet	3. SE	X	4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4		F.		100 85 v	RS.
on 72 hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRI	9 BALTIMORE CITY OR COU	INTY OF DEATH
within 72	1	MD	WIDOWED DIVORCE	TALL	var Filon 10.
with with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTE (IF NOT INSUCHTACILITY GIVE STREET ADDRESS)	ON 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR
by the f	To	Koma Park	and the second s	SD. EWKNOWN	
Sign hon	USU 13a.	AL RESIDENCE (IF NURSING HOME OF		MITS? 13e.STREET ADDRESS / ZJP C	CODE 0 20101
AND 24		WT	SINEY SILINA YES IN NO!	0 124 Kitchi	e HURNUT
1 kg 1	14. F.	ATHER'S NAME	MIDDLE LAST FIRST	DEN NAME MIDDLE	IAST
W 1 170	1	Nilliam	HALLIS EMM		Lewis
3 7 TO 19	16a_'	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS 3	355 164 37,
W / / /		NO	518-30-8359 MAKY E	: BROWN MA	Sh, A.C. (20010)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	y one couse per line for (a), (b) and (c).)	-1. 0	BETWEEN ONSET AND DEATH
man phy on phy o			ECAUSE (0) Emil Stope Hear To	reller asher	
ON Bring	1		DUE TO ORAG A CONSTQUENCE OF	1.	
denot denot dove a fron down		Canditions, if any, which	gerus Enal feel	eer	
Part of the state		gove rise to immediate cause (a), stating the	DUE AS ACONSETUENCE OF	1 10 . /	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be associated whin 24 hours cartending physician. Viter this certificate has been signed by the enterding physician and campitally filled in by as the burnol-transit permit. Then place removes carbon page. Pages I and 2 should be filled in by and Mental Hygiene prior to burnol cremation, as removal. Only the modern stranger of the filled in by the analysis of the mist constant her filled in by any order or them 18 shows only injury, 90 other traumant cereal, the mist constant her fillest be recovered or them 18 shows only injury.	1	underlying couse lost.	1 Buch Ja	lell 2 #1	
S, 20	1.	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
PRDS, 2	CERTIFICATION				
low re low re prior	3	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
ON OF VITAL RE IVSICIAN: The lo ding physician. is certificate hos buriol-transit per Mental Hygiene.				YES NOW	YES NO
SICIAN: The graphsic of certificate in certificate in triol-transit entitle Hygie litem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
DING PHYSICIA or attending p After this certifice as the buriolal alth and Mental marked or Item	MEDICAL	HE EITHER NOTIENAEDICAL EXAMINE	P.M. 19		
PHY endif this this d or	E S	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG of the street		AT WORK	21-16	1126	
TENDI ital ar OR: A Or use f Healt			ol) attended the deceased from 5 9 9 19		, 19, tho(1) (we) lost
7 9 7 9 7) view the bady/after death.	opinion death accurred on the date and	d hour and from the couses stated
O = 1 0 =		TIL SIGNATURE OM	DEGREE ATTEN	DINGEDICAL STAFF _	22c. DATE SIGNED
Y the hor A the		Julie K	PHYSIC	CIAN DIRECTOR PHYSICIAN	07/50
HOSPITAL iined by th FUNERAL build be det h the Stote		224 PHYSICIAN'S NAME THE	PRINTI - 22e. ADDRESS	.010	0 -11
O HOSPITAL O etained by the TO FUNERAL Phauld be deto with the State D MAPORTANT. If		charles Litro	uklin 17 /1120 W.H	· Club S. him Spenfled	20404
7 5 E 2 3 8	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY OF CREMA	ATORY 23d LOCATION	COMIY STATE
BP		Burial	6/21/85 MAGHLANGMEN	JARA LAURE	, 16, MI.
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	ADDRESS ZI FIA AVE.	250 DATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(VRA 15, 4)	14	ALL BLOS tu	Klal HOME NIN. Wash, A.B.	UN 24 19851 dulia	Davidson-Rondalle :





11-11 18.1,107 3333 University alvo. w 20095 no density the transfer for the figure 1

. herlynes a fe a groupero Elia robo cois Trans , come in a land to the constant

. Ivol , E. U . Spalledt.

dilliamo Monning of , 10.

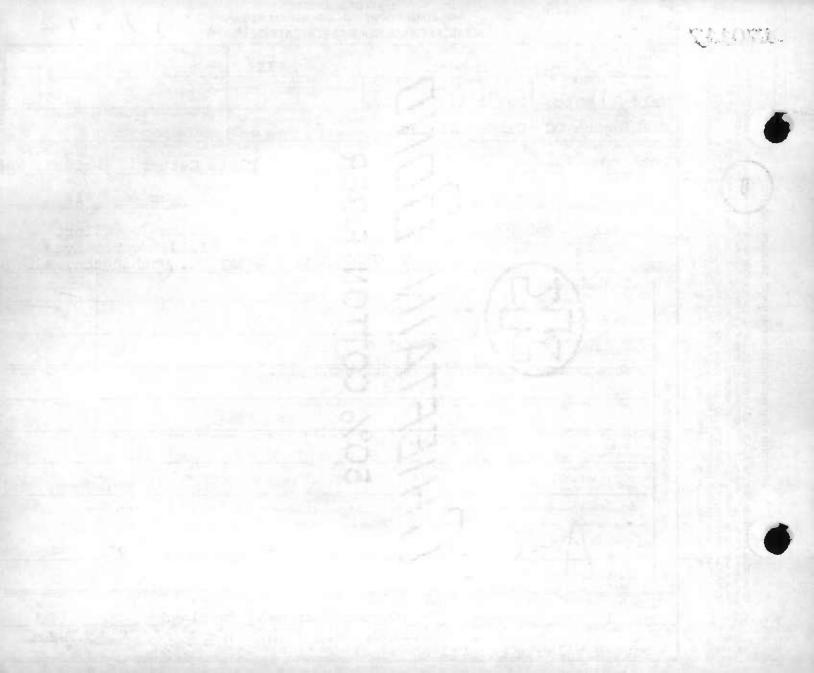
side iso. ve., H. .. wath., s. I.

1. 1. 1

(VRA 15, 4)

or the letter begin it seems

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE 170117 REGISTRAR L DECEASED NAME 20 DATE KNOWN TX MONTH TYPE OR PRINTS ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. TRESTON STREET, 19 85 Robert MARCOPULOS III DEATH MATED MICHAET. A RACE DATE OF BIRTH 3 SEX 6 AGE (IN YEARS 2c. DATE 2d. HOUR PRONOUNCED 10 85 DEAD Male White Feb 1 1967 18 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC United States WIDOWED [DIVORCED Montgomery County II. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Bethesda 270N at Old Georgetown Rd. Glass Cutter Private Ind USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Gaithersburg YES [Maryland Montgomery NO □ 708 Klopper Road #14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Michael Ellen Robert Marcopulos Jr Eilert Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 13105 Monroe Ave (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-98-7157 Jean O'Leary Ft. Washington, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) CATE, WRITING THE WORD, "PENDING," IN PENCIL IN ITEM IS FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG "OR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NAD, 21201 PRICR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Partial 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 3:53 XXX 6-8-Passenger of auto/truck collision. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFFER DATH, WITH THE STATE DE BANTIMORE, MARYDAND, 21201 P STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK 270N at Old Georgetown Rd., Montgomery road MD 22a. I certify that I taak charge of the remains described above, held an Inspection death resulted from Natural causes Accident Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL M D Assistant MEDICAL EXAMINER 6-8-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE Washington National Suitland Burial 11June85 PG Md 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 DEGISTRAP'S, SIGNATURE TO THE PROPERTY OF TH Suitland, Md. who Daydon-Mandall **DHMH - 17** (VR A15 ME (5)) Robert E Wilhelm Funeral Home



170	0071	1	1 - S	TATE	-22a 7/2	4/85			MENT OF	HEALTH		ENTAL HYG CATE OF	to the same		7	6	9 3	
10-11	in			EGISTRAR EASED NAME	FIRST		ME	MIDDLE	EXAMIN	IEK 3	EKIIFI	CATE OF E	Zo. DAT	REG. I		DAY	YEAR	26. HOUR
	10			OR PRINT)		OT V		S.		14	ARTIN		OF	ESTI-				Ze. HOUR
-341	RECTOR. JR FILES. Z HOURS	3	SEX		BEVE		TE OF BIRTH	0.	A AGE UN Y			IF UNDER 24 H		H MATED	X 6	DAY	19 85 YEAR	2d HOUR
	Z E E E E E E E E E E E E E E E E E E E				Cauc.	MON	0.16,	1030	LAST BIRTHE	MONT	S DAYS	HOURS MIN		UNCED	6	10	OE	5:25 P _M
	N V OI	-		THPLACE (ST.			TIZEN OF WI			RS.			9 BAIT	IMORE CITY	OR COUN		19 85	PM
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 5 FOR YOUR PILES. D, WITHIN 72 HOURS. W. PRESTON STREET,		FORE	nsylv	ania		nited			MARR		VER MARRIED DIVORCED		tgomer	-			
	SESTINATION NO.			Y OR TOWN (AME OF HOS						USUAL OCC			12b KIN	ND OF BUS	MD.
	NY DELAY IS NE 3 3 TO THE FUN ITAIN PAGE 5 F ULD BE FILED, W		Ker	nsingto	n	10	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)							OR	urch			
-	SD B ST	U	JSUAL	RESIDENCE	IF IN NURSING HOME	OR OTHER	INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISS	ION)					1		895	
(00	ANY C AND 3 RETAIN HOULD RECOR		Ma Ma	rylan	d Mon		nerv	Ken (ortown	on	13d. INSIDE CI	NO [] 13e	0225	Kensi	ngto			av
TO S	NHNA			HER'S NAME	4 111011	MIDDI				011		ER'S MAIDEN N		WIDDLE				
100A	\$13 8 9 E		F	loyd		MIDDL	TE .		nton		Ro	omaine		MIDDLE	not	ava	i lat	1e
MO	SECOND .	1	6a. W.		EVER IN U.S. A	RMED FO	DRCES?		CIAL SECURI	IY NO.	17. INFORA			ADDRE				
ALT	A A A A A A A A A A A A A A A A A A A		* * *	0	(IF 1E5, GIV	ZWAROKI	DATES	184	-24-9	164	Joy	ce R.	Stein	fuhre	r, s	ame	as	#13
-	WRS AF 8. GNF WITH TT. PAG	F		18 CAUSE OF	DEATH (Enter o	nly ane o	cause per line			77		77 C. F. B.		19.10		BETV	PROXIMATE	INTERVAL AND DEATH
S	ENG ENG			PARTIDE	ATH WAS CAUS		ISE (a)	Multi	iple d	rug i	ntoxi	cation			400		(**)	
STO	JER ALC ANSIT P AL HYG AL HYG REMOV						DUE TO, OR	AS A CON	ISEQUENCE	OF								
=	WITHIN ENCIL IN MINER A TRANSIT NTAL HY			gave rise	s, if any, which ta immediat	e)	(b)											
×				lying caus	stating the <u>under</u> e last.		DUE TO, OR	AS A CON	SEQUENCE	OF								
5, 20	XECUTED JG" IN PI SAL EXA BURIAL- AND MEI					((c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	JULD BE EXECUTED "PENDING" IN PREPAY OF THE MEDICAL EXAMINED SED AS A BURIAL HEALTH AND MEALL CREMATION,			PART 2 DIHER SIG	NIFICANT CONDITION	S (DNTRIBL	UTING TO DEATH	BUT NOT RELA	ITED TO THE TERI	MINAL DISEAS	DR (DNDITID	N GIVEN IN PART 1:	01.					
2	F WENT		CERTIFICATION	190 DATE OF	OPERATION		196. CONDI	ONDITION FOR WHICH OPERATION WAS PERFORMED?							20 A	20 AUTOPSY?		
MIA	大名王コロS	1	TIE				3.00									Y	ES 🛮	NO 🗆
A .		0	CER		CAUSE WAS		11b. TIME OF		DAY YEA		OW INJURY	OCCURRED (E	NTER NATURE OF	INJURY IN ITEM	IB PART I OR P	ART 2)	67.7	
NO	SET OF A	9	3		IG CAUSE OF	DEATH	P.M	6/9	198	5 su	77 -	ingest	ed dru	gs				
VISI	NIS CERTIFICATE SP VRITING THE WOR ARDED TO THE C GE 3 SHOULD BE (TE DEPARTMENT O		63.4	21d. INJURY O			21e PLACE (OF INJURY			CATION	YY M	CITY OR	TOWN	C	OUNTY	3.77	STATE
ō	AAG AAG			WHILE AT WORK	AT WORK		ho	ome	440	102	25 Ker	nsingon	Blvd.	Kensi			nt.	
	ATE, ORW ORW JR: P HE ST			220 I certif	y that I taak cha	rge af the	e remains des	cribed aba	ive, held an	Autop	X	Inspection], Inqui	ry .	and in my c	apinian		
	ME BETTE			death resulte	d fra Nat	ural caus	ses ,	Accident	□ , s ₁	oicide X	, Hamic	ride . U	Indetermined	manner].			
	WIII WAR			ACTUAL	Ma	(2	-7					PECIFY)				1	115	-
	₹ ₹₹ ₹ ₩	-		SIGNATURE_	1100	2/V	1		_	M	D. ASSI	istant_	MEDICAL EX	AMINER	DATE	ED_6	-11-	85
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO PUNKAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE. MARYLAND, 2		/	EXAMINER'S	Ani Ani	n M.	Dixon	, M.D).		ADDRESS_	111 Per	nn St.	, Balt	o., M	ID 2	1201	
	5AA SEA	2	3a. BU	RIAL, CREMAT	ION, REMOVAL	236 DA	TE June	230	NAME OF CE	METERY O	R CREMATO		d LOCATION			I I I I I		
07/84	BP/197		(SP	Buri	al al	13	, 198	5 Pa			mori	al Par	k R	lockvi	11e,	Ma	ry1a	nd
25M	DHMH - 17	1	24 FU	NERAL DIRECT	or Robe	rt	A. Pu	mphr	ey Fu	nera	1	250. DATE REC'	D. BY REGIST	RAR 256 RE	GISTRAR'S	SIGNAT	andel	22.
	(VR A15 ME (5))	I	Hon	nes, P	.A. Be	the.	sda,	Mary	land	2081	4	JUN	1 / 198	35 1	and branch	10000 v-1	1.10	1

198003	1-	FOR STATE	DEPART	MENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYGIENE 8 5 7 6 9 4 FICATE OF DEATH						
TATE VALUE	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE 4		LAST	20. DATE OF	REG. NO		YEAR	2h HOUR	
of p		ORPRINT) JOSEP	24 7/	7.00	ASER	June		1985		12:20am	
may be page 3 ter death	3. SE)		4. RACE		OF BIRTH	6. AGE (IN YE			DER I YEAR	IF UNDER 24 HRS	
ge 4 n rector. urs afte		Male	White	YRS.	- January	HOURS MIN.					
he funeral din within 72 had		RTHPLACE (STATE OR FOREIGN OUNTRY) Russia	7b. CITIZEN OF WHAT COUNTRY? USA	county of mery							
by the fu	10. CI	TY OR TOWN OF DEATH Wheaton	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Randolph Hil	IS N	ursing Ctr.	Self-	FOR MOST OF	working life) (Ret	2b. KIND C NDUSTRY	Wholesa Meats	Le
filled in the ould be fi	13a S	TATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	13d. INSIDE CITY LIMITS?	5015	DDRESS / Batt	zıp CODE ery La		20814		
thin thin 2 sh	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM		MIDDLE		LAS	ī	
ond ond		Henry	Maser		Marcia				God		
Poges 1		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECT	JRITY NO	17 INFORMANT	1.10	Beth	èsda,	Md.	, 20814	
te be exicion or icion or		No	578-46-5	662	Gertrude Sc	cher;					
quires that the death signed by the attendi	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART									
on. hos been r permit. I pewsony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTO	PSY?	206 IF YES, WIN CERTIFYING			
CIAN: TI physicia prificate ol-tronsi rtal Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NAT	TURE OF INJURY	IN ITEM IB PART I	ORPART 2)		
G PHYSI aftending er this ce s the buri ond Mei	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE	
TTENDIN CTOR: Aff for use o of Health		220.1 certify that (1) this hasp saw the deceared alive an above, (1) (we) (did) (did no	ital) attended the deceased fram.	TO	nd that in (my (aur) apinian d	eath accurred	d an the dat	e and have an	d from the	that ((we last causes stated	
ALOR ALDIRECTOR ALDIRECTOR DIFFERENCE OF DEPT.		22b. SGNATURE	Sheyel	M	PHYSICIAN			AN 🗌	22c. DATE	SIGNED	
etained by the TO FUNERAL should be det with the Store		MARTIN C	SHARGEL,	u.D.		o FAR		1.	2. 589J	هم	
BP	(URIAL, CREMATION, REMOVAL Burial	6-30-1985 M	t. L	ebanon Mem.	Park	Hya	ttsvi	lle,	Maryla:	nd
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FC	NEKAL DIKECTOR	Rock g Chapels; 1170	ville, Rocky	Maryland 250 DATE ville Pike JU	REC'D. BY RE	1985	SHEET STATE	AUGNAL	Mandelle	Ę

ACTOSTATE CARTINOVA OF MING. .. MANINES JUL 8 1915 Strategic application

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME B. DATE KNOWN X MONTH DAY (TYPE OR PRINT) Rosalie Mary Mastradone DEATH MATED 6/10 19 85 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 3 SEX DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED Female. White 27, 1922 63 DEAD Mar. 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Montgomery County West Virginia USA DIVORCED 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Masort Pestro 9804 New Hampshire Avenue Silver Spring 20903 Secretary Eastern Star Home 9804 New Hampshire Avenue Silver Spring YESX 13d. INSIDE CITY LIMITS? Montgomery Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Montabone Sereno August Jennie Montarone 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. N/A N/A 235-22-6654 Anthony J. Mastradone-husband-(same as 136 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Metastatic carcinoma of the spine IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF 1 year Canditions, if any, which carcinoma of the abdomen. gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN STEM TO PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK X 22a. I certify that I took charge of the remains described obave, held on Autopsy Inspection and in my opinian Natural causes A Undetermined monner TITLE (SPECIFY) 6/10/85 Deputy DATE 1919 Seminary Road Silver Spring, Montgomery, Md. John S. Rogers, M.D. 73r. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Gate of Heaven Burial June 13, 1985 Silver Spring Montgomery 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** NAME Hines/Rinaldi Funeral Home Silver Spring, Md. (VR A15 ME (5))

aanrai.

	(~/			FOR
	2		100	STAT
621	00	100		REGI

poge 3

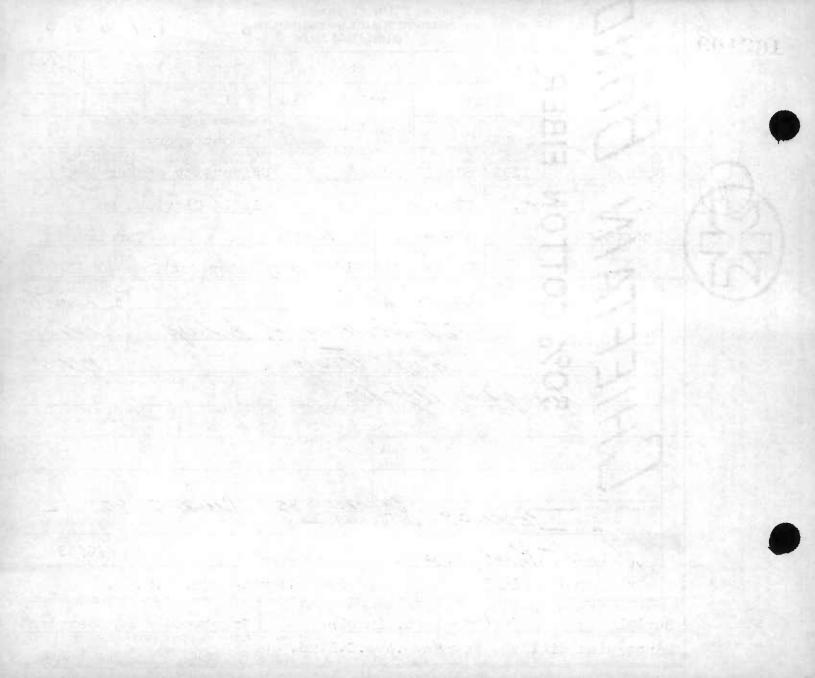
STATE OF MARYLAND

STATE OF MARTEAND											
DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
CERTIFICATE OF DEATH											

7	6	9	6
-	18		

		REGISTRAR				CENTII	ICATE OF DEATH	REG	NO.		
		CEASED NAME	FIRST		AIDDLE		AST	2a. DATE OF DEATH		DAY YEAR	26 HOUR
			Idal	lberto	W		Matos	June	5,198	35	8:10P _M
	3. SEX	Male		4. RACE Whi	te	5. DATE C	il 30,1914	6 AGE (IN YEARS LAST	BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
4		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D MEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	PH I WAY
Į		Cuba		USA		WIDOWE		Monto	omery		MD.
	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUP		E RET	LEUS NESS OR
4		heaton	J. III	12014	Clarid		oad	Universi	ty of	Maryl	and /
ľ,	13a. S	AL RESIDENCE (IF NURS STATE Md.	13b. COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Wheato	V	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	s/ZIP CODE	ge Roa	2090°
Ä		ATHER'S NAME		WIDDLE	LAST	- 1774	15 MOTHER'S MAIDEN NAM	ME MIDDLE		145	1
/		Wencesla			Matos		Josefa			Garcia	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT		DRESS		12 1 1 10
4		None			215 68	8898	Hidalberto	Matos (S	Son) Sa		
1		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one couse per	line for (III), (fr), and	11	1.1.0		PR	BETWEEN	MATE INTERVAL ONSET AND DEATH
1		TARCE DEFINE		TE CAUSE (a)	Rende	fre	aune			20	ANTO
1				DUE TO, OF	AS A CONSEQUE	NE OF	11 000	11/			
1		Conditions, if ony, gove rise to imr		(tr)	will	112	curio,	Medica	cys	14	KAND
		couse (o), stotin	ig the	DUE TO, OF	AS A CONSEQUE	NCE OF	15 36			1 .	
				(4)	119	JEU.	commo	1		1	Chora.
	NO	PART 2: OTHER SIGN	DE	anas	INTRIBUTING TO D	1/	NOT RELATED TO THE TERM	INAL DISEASE OR CO	MORTION GIV	EN IN PART 111	
1	CERTIFICATION	19a. DATE OF OPERA	TION	W. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		, WERE FINDIN YING CAUSES	
2		21a. ACCIDENT WAS UNE	-	216. TIME O		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF I	JURY IN ITEM 18 P.	ART I OR PART 2)	
1	CAL	(IF EITHER, NOTIFY MEDI		ATH.		19					
	MEDICAL	21d. INJURY OCCUR!	HILE	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
ı		22a.1 certify that (I)		tal) attended the	deceosed_from	Das	MANY 19 85	to Delan	2.5	19.85	that (l) (ava) last
H		sow the decease	ed olive on	view the body	2 9 19 6	85, or	d that in (my) tour opinion o	deoth of urred on the	date and hou	and from the	couses stated
	6	226. SIGNATURE	/	11	/		DEGREE			22c. DATE	
/		Mass.	who 7	· Hambel	e. mis		ATTENDING PHYSICIAN Z	MEDICAL S	TAFF SICIAN 🗌	6/6	/85
		Dr. Se	, , , ,	Kimbl	.e		9801 Geo	rgia Ave	. s.s	.Md.	
		URIAL, CREMATION,	REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	CTATE
	B	urial		6/8/	85 F	t.Li	ncoln	Brentw	rood	PG M	aryland
		ineral director	aldi	11800	NewADHam	p.Av	e.S.S.Md	REC'D. BY REGISTR.	0.1		
	44.					+	31 13	TALL STAFF	1-11-	13	71. 9. W.

DHMH - 16 60M 7/84 (VRA 15, 4)



C. Connada INDIA CHINADA THE SECULOR SE TERROR BLEE THE FAYFRELD STIKET RIME SEE MORRING MANY STEEL ATT 10 mart Town Pale 7/2 Reported ST 2091 NEWLLE CO MITTHELL STELL D. LAND The water of morning or many the company with THE PARTY OF THE P LESS THE DUTY IN ALL 1984 OF THE WAR THE PARTY OF THE PAR The first of the second of the second of the second Times A Service Comment to a comment Clearmed Suy 1 15 3 Feel Twenty Creenly Brokend Pl 126 Description of the state of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 169001 CERTIFICATE OF DEATH REGISTRAR REG. NO LECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR RICHARD JUNE 2,1985 2:55 LEE MAURER 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. APRIL 27. 1956 MALE WHITE 29 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED COUNTRY MONTGOMERY CALTFORNIA USA WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maint Mechanic MPC Ind. BETHESDA NIH, THE CLINICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13H COUNTY CALIFORNIA 13e. STREET ADDRESS STARTO 13d. INSIDE CITY LIMITS? YES P 704 W. Eucalyptus NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Maurer Richard Ruth Sampson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWN LIFYES GIVE WAR OR DATEST CANDEE L. MAURER (wife) SAME no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for ta), (b), and to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) SEPSIS BY CLINICAL HISTORY DUE TO, OR AS A CONSEQUENCE OF HEPATIC AND RENAL FAILURE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. S/P MITRAL VALVE REPLACEMENT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28m AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES X NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220.1 certify that (1Xthis haspital) attended the deceased from May June 19 85 June 2 saw the deceased alive an June 2 abave, (I) (we) (did) (did not) view the bady after death. , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS National Institutes of Health Andrew A. Foster Bethesda, Maryland 20205 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 6-4-85 Brea Remova 1 Memory Gardens 24 FUNERAL DIRECTOR Marshall's Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 4217 9th St NW: Washington, D.C (VRA 15, 4) MINE O MOE

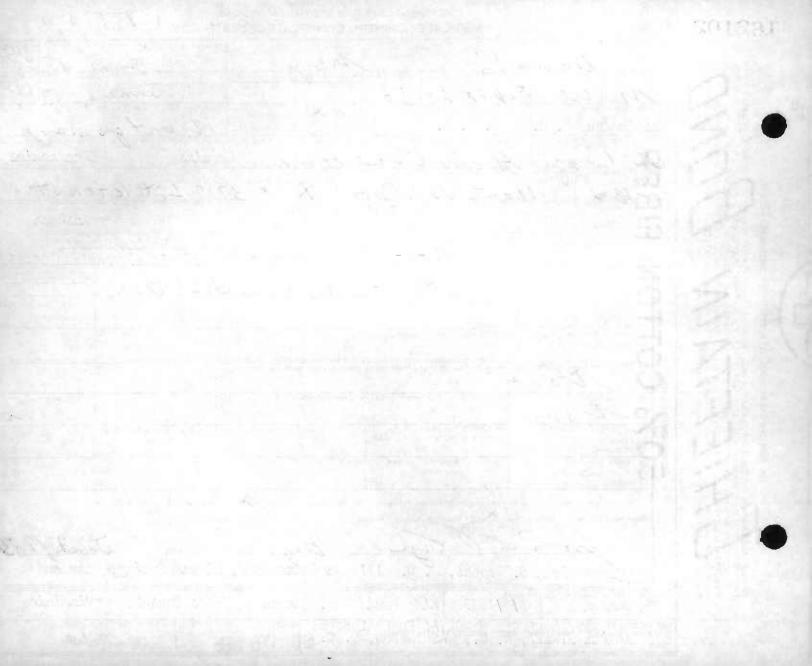
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH Maxfield S. DATE OF BIRTH IF UNDER 1 YEAR MONTH HOURS BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 11 RGINI W MONTGOMERY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR BRELINGER CO. DECORATOR 13t. CITY OR TOWN 13e STREET ADDRES Silver Spring MONTI 9804-BRISTOL YES T NO 15. MOTHER'S MAIDEN NAME LAST UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANI YES WW MARY F. MAXFIELD SAME AS 13 WIFE APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a) 1b, and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause ia, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED THE PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN STATE NOT WHILE AT WORK 22a. I certify that (1) (this haspital) attended the deceased fram Ma 85 saw the deceased al and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) and in view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY MD. (SPECIEVE PRI GEO 6/24/85 FT. LINCOLN BRENTWOOD BURTAI 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4)

Deviden Randott

500 UNIV.BLVD. W. SILVER SPRING, MD. 20901

Mak 100 M. Marking Dance 22, 1983 The same of the sa AND THE COMMENTS OF THE PARTY O The second secon

STATE OF MARYLAND - STATE 162102 REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OF PRINT) ESTI DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD Washington. D. C. U. S. A. 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Repairs Electronics COUNT 14. FATHER'S NAME Kushner Kate Isadore May 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 4422 Hallet Street. DIVISION (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES) 578-34-8762 No lle Maruland 20853 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEI lying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? ARITING IN THE CHA AGE 3 SHOULD BE U ATE DEPARTMENT C YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21 LOCATION 21e PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER PEATH, WITH THE STATE DE BALLYMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian Suicide Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers, 1919 Seminary Road, Silver Spring, Maryland 230. BURIAL, CREMATION, REMOVAL 236. DATE 6/3/1985 23. NAME OF CEMETERY OF CREMATORY King David Mem. Garden CIPALL'S Church, COUNTY Virginia 07/84 25M 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE -178010 - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET, 19 85 Walter DEATH MATED Amos Mayhew 3. SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 85 White 54 DEAD Male 7, 1930 Sep. 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Silver Spring 8886 Piney Branch Road, #101 Driver Cab BALTIMORE, MD. 21201 20903 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring 8886 Piney Branch Road, #101 YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Crown Mavhew Juanita 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Wheaton, Md. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577=32=0083 Korean Mr. Lawrence Mayhew Yes CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL WORD "PENDING" IN PENCIL IN ITEM 18. E CHIEF MEDICAL EXAMINER ALONG WE USED AS A BURIAL - TRANSIT PERMIT. INT OF HEALTH AND MENTAL HYGIENE, D. BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which chronic myocardial disease and emphysema. gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION None 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "YR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF, HIS AFTER DEATH, WITH THE STATE DEPARTMENT OF, HIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURNAL. None YES 🗌 NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR None CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21f LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes death resulted from: Accident* Undetermined manner TITLE (SPECIFY) 6/19/85 Deputy SIGNATUR 1919 Seminary Road EXAMINER'S NAME John S. Rogers. Silver Spring, Montgomery, Md. (TYPE OR PRINT)

07/84 25M

DHMH - 17 (VR A15 ME (5))

24. FUNERAL DIRECTOR Anatomy Board

23a BURIAL, CREMATION, REMOVAL 23b, DATE

Removal

6/19/85

Balto., Md.

73¢ NAME OF CEMETERY OR CREMATORY

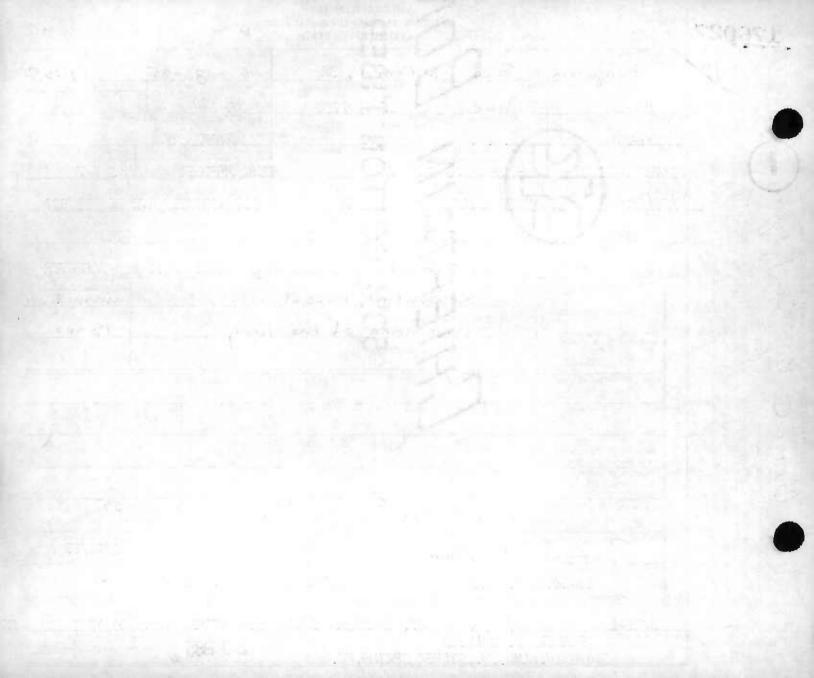
JUN 24 1985

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Handell.

STATE

					OF MARYLAND				die stelle
176027	FOR STATE		DEPARTM		ALTH AND MENTAL HYG	IENE 8 5	1 7	//	0 2
TIONAL	REGISTRAR			CERTIFIC	CATE OF DEATH	REG. NO	o		-RÊ
	LOECEASED NAME	FIRST	MIDDLE	LAS	ī	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
oge 3 deoth	Benjar	um Bi	rd me	Cene	y . SR	6 - 18	- 85		1:25 A
mov od od	3 SEX	4. RACE		5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRT	(HDAY) IF L	JNDER I YEAR	IF UNDER 24 HRS
ctor s of	MAIF	Car		OCT	4. 1904 YEAR	XX 80	YRS	THS DAYS	HOURS MIN.
Pog Pog	TO BIRTHPLACE (STATE OR FOR	FIGN 76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY O		DEATH	
12 2 Sept 1	MARYLAND	11.0			NEVER MARRIED W				
1	10. CITY OR TOWN OF DEATH	I II. NAME OF	HOSPITAL, NURSING	WIDOWED	OTHER INSTITUTION	MONT GOM	ON	12b. KIND OI	F BUSINESS OR
1 1 10 68	OT LUED OPPOSIO		CH FACILITY, GIVE STREET A			(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	T
	SILVER SPRING USUAL RESIDENCE (IF MURSIMO 130. STATE	HOME OR OTHER INSTITUTION	CROSS HOS			BANK OFFICE		NSE	
d be		LOUNTY	13c CITY OR TOWN	1 11	3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
A S	MARYLAND IN	MONTGOMERY	SILVER SF		YESXX NO [] 5. MOTHER'S MAIDEN NA/	324 HIGHV	LEW AVE	NUL	20901
ARY ARY	FIRST	WIDDLE	LAST	1	FIRST	WIDDLE		LAS1	r
X BT TO	EDGAR	SUTER	McCENEY		EMILY	10005		BIRD	
Moge e exec Poges	16a. WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	IF YES GIVE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	7. INFORMANT	ADDRE			
BALTIMORE, MARYLAND 212C Cote be executed fifting to be opens. Poges Yound 2 should be fill wol. If the medicol exercines making his fill with the medicol exercines and the fill with the medicol exercines and the fill with the fill	NO		578-05-2	491	NANCY LEE MA	AUK SAME A	IS 13	DAL	UGHTER
ficote ficote poper novol.	18. CAUSE OF DEATH PART I, DEATH WAS	Enter anly ane cause pe	r line far (a), (b), and	IC 1.1				BETWEEN O	MATE INTERVAL DISET AND DEATH
		MEDIATE CAUSE (a)	Kespir	atory	ARREST			in	wediate
or o		DUE TO, C	R AS A CONSEQUE	NCE OF	<i>c</i> ,	,			
deor deor from our	Canditions, if any, v	hich (b)_	Carci	noma	of the	lung		18	mo
the removement	gave rise to immer cause (a), stating		OR AS A CONSEQUE	NCE OF					
T by	underlying couse	last.							
gned n ple ouric	PART 2 OTHER SIGNIF	CANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 110	
RDS in sign The rto injuring	NO I								
ALL	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER	N 19b. COND	ITION FOR WHICH	PERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	ERE FINDIN	GS USED
TALR The licion. The hospital per licion. The hospital per licion.	I E I					YES NO	IN CERTIFYIN		NO [
VITAL N. The N. The roote h roots th Hygier 18 sho	21a. ACCIDENT WAS UNDER		OF INJURY .M. MONTH DAY	VEAD	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	OR PART 2)	
O SCIA	OR CONTRIBUTING CAL	SE OF DEATH	.M. MONTH DA	19					
HYS HYS of Born Born Born Born Born Born Born Born	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	ACE	COUNTY	STATE
S the off	WHILE NOT WHILE	[AT HOME ST	REET, FACTORY, OFFICE, FA	RM, ETC.)	SINCEI	CITA OK LOV	VIN	COUNIT	STATE
A A A A A A A A A A A A A A A A A A A	220 1 certify that (I) (th	is hospital) ottended tl	ne deceased from	6	-11 19 85	to 6 - 1	8 19	85	that (I) (we) last
OR ATTEN DIRECTOR pehed for u Dept. of He	sow the deceased	alive on 6 - 1	19 8	55_, and	that in (my) (aur) opinion o	death accurred an the do	te and haur ar	nd from the c	auses stated
OR AN DIREC DIREC Dept. f Item	226. SIGNATURE	(did nat) view the bady	after death.		GREE			22c. DATE S	
the Dodge	1.1	and to	1/3		ATTENDING PHYSICIAN F	MEDICAL STAF	F	6/18	
TO HOSPITAL (retoined by the TO FUNERAL is should be deto with the Store IMPORTANT: If	22d PHYSICIAN'S NAM	E (TYPE OR PRINT)	10000		22e. ADDRESS	DIRECTOR PHYSIC	AN		
O HOSPIT O HOSPIT TO FUNER Should be owith the St.	FRE	DERICK G. B	ARR		SILVER SP	RING, MARYL	AND		
Shoot Shoot	23a. BURIAL, CREMATION, RE			AME OF CT	METERY OR CREMATORY	123d LOCATION			
	(SPECIFY)	MOVAL 236 DATE	736. N			CITY OR TOWN		OUNTY	STATE
BP	BURTAL 24 FUNERAL DIRECTOR TO	6/21	/85 S	BAR	NABAS CHURCH		MARLEC		RI GEO
DHMH - 16 60M 7/84	NAME	RANCIS J. C			J	REC'D. BY REGISTRAR	256. REGISTRAL		All marks and
(VRA 15, 4)	500	INIV. BLVD.	W. SILVER	SPRIN	IG, MD.	20 1300	0		al income

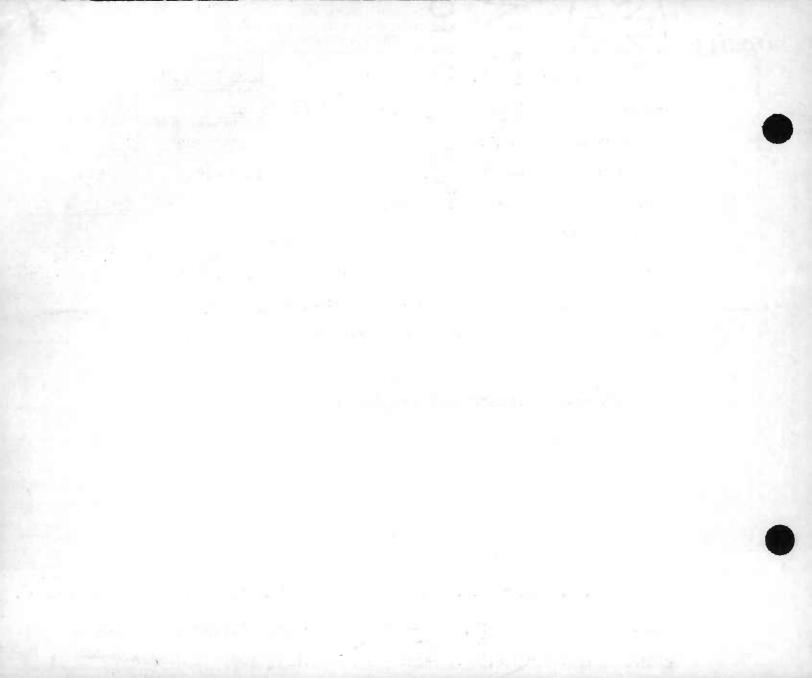


by the funeral director, page 3 filted within 72 hours offer death 24 hours off DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 filled in The law requires that the death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove contour appears, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed MADOPTANT, if here, it is marked or them 18 should not worther removed. OR ATTENDING PHYSICIAN: retained by the haspital or attendi TO HOSPITAL

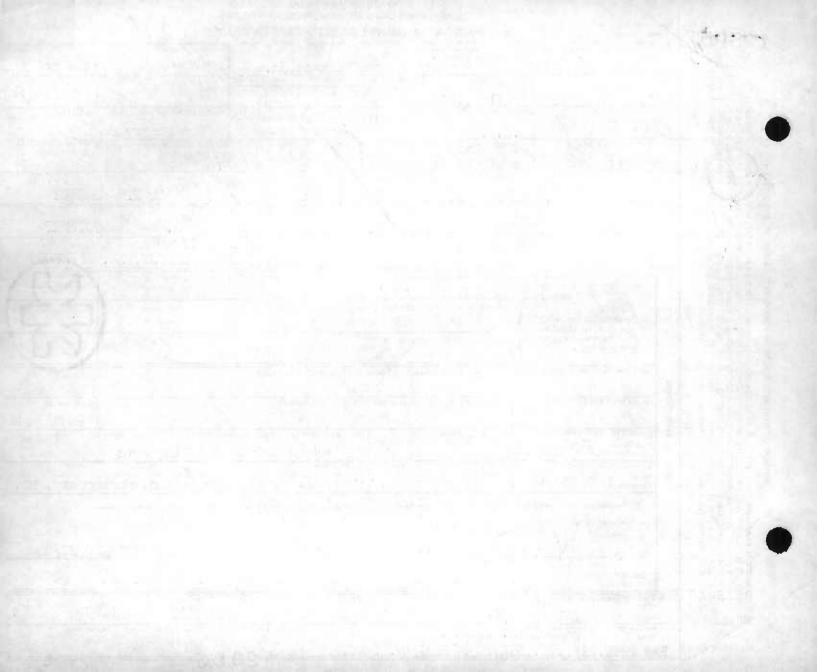
> BP______ DHMH - 16 50M 4/ (VRA 15, 4)

18201

1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENES 5	1 7	1	3
	CE ASED NAME	FIRST		MIDDLE		LAST	26. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
,,,,,		olar	В		McCla1	ry	June 12, 19	85		8:00 A
3. SEX	x	4.	. RACE		S. DATE	OF BIRTH THE DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	HS DAYS	IF UNDER 24 HRS
F	emale		Black			h 24, 1903	82	YRS.	0.15	NOUNS INTE
(RTHPLACE (STATE OR I COUNTRY) th Carolin		U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY O		DEATH	M
19. CI	oma Park		1. NAME OF I	HOSPITAL, NURSIN THEACILITY, GIVE STREET APTE AVER	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O HOUSEWIFE	ON I	26. KIND OF NOUSTRY Home	BUSINESSO
USU / 13a. S	AL RESIDENCE (IF NURS	13b. COUNT	THER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	7600 Maple	ZIP CODE Avenue,	#402	1/2
14. FA	MOSES		IDDLE	LAST		Annie Giles	ME MIDDLE		LAST	
(Y	WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	579-78-7		Florence Gree	Takomaren, daughter.	Park, M 7600 Ma	ld. 20 ple A	912 ve#4
VIION	Hyper		on: Str	oke with	Hemi	TNOT RELATED TO THE TERM				,1
FICA	19a DATE OF OPERA	TION	196 COND	mora for writeri	O' ENTAINE	ON WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	G CAUSES	GS USED OF DEATH?
RTIFICA		TION			- CALLANC		YES NOVE	IN CERTIFYING	G CAUSES (GS USED OF DEATH? NO
CAL CERTIFICATION	210. ACCIDENT WAS UNION CONTRIBUTING	TION DERLYING CAUSE OF DEATH	21b. TIME C HOUR A.			21c. HOW INJURY OCCUR	YES NOVE	IN CERTIFYING	G CAUSES (OF DEATH?
MEDICAL CERTIFICA	21a. ACCIDENT WAS UNI	DERLYING CAUSE OF DEATH CALEXAMINER) RED	21b. TIME C HOUR A. P. 21e PLACE	PFINJURY M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCUR	YES NOVE	YES THE INTERNATION OF THE PART I	G CAUSES (OF DEATH?
	21a. ACCIDENT WAS UNION OR CONTRIBUTING 1 IF EITHER, NOTEY MED 21d. IN JURY OCCUR! WHILE NOTEY MOT WAT WORK NOTEY AT WO WAS AT WO SOW the decease obove, (b) (we) (c)	DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE RE (this hospita	21b. TIME C HOUR A. P. 21e PLACE (AT HOME STI	OF INJURY M. MONTH D. M. OF INJURY REEL, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC)	211. LOCATION SIREET 19 210 drift in (my) (our) opinion	YES NOW	YES TO THE MENT OF	G CAUSES () OR PART 2) COUNTY	OF DEATH? NO
	21a. ACCIDENT WAS UNIT OR CONTRIBUTING 1 If EITHER, NOTIFY MEDI 21d. IN JURY OCCUR! WHIE NOT WAT WORK AT WORK AT WORK AT WORK Sow the decess above, (1) (we) (6 22b. SIGN ATURE	DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospito ed olive on did) (did not)	21b. TIME C HOUR A. P. 21e PLACE [AT HOME STI	OF INJURY M. MONTH D. M. OF INJURY REEL, FACTORY, OFFICE, F	AY YEAR 19 FARM, EIC)	211. LOCATION SIREE1 211 to Cation Siree1 211 to Cation Siree1 All paints and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	YES NOW	IN CERTIFYING YES IN IN ITEM 1B PART I	G CAUSES () OR PART 2) COUNTY	OF DEATH? NO STATE
	21a. ACCIDENT WAS UNI OR CONTRIBUTING IF EITHER, NOT BY ACTO 21d. IN JURY OCCUR! WHIE NOT WAT AT WOOD 300 the decease above, (1) (we) (5 22b. SIGNATURE 22d. PHYSICIAN'S NA	DERLYING CAUSE OF DEATH CAL EXAMINER) RED (this hospita ed alive an did) (did not) AME (TYPE OR 6	21b. TIME CHOUR A. P. 21e PLACE [AT HOME STI	M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, F e deseased from otter decith	AY YEAR 19 FARM, EIC)	211. LOCATION SIREET 211. LOCATION SIREET 19 Ind that in (my) (our) apinion DEGREE PHYSICIAN 22e. ADDRESS	YES NOW RED (ENTER NATURE OF INJUIT CITY OR TO death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING YES IN IN ITEM 1B PART I	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE hot (I) (we) lo couses stoted SIGNED 2091
WEDICAL	21a. ACCIDENT WAS UNI OR CONTRIBUTING IF EITHER, NOT BY ALL WAS 1 M. JURY OCCURI WHIE NOT WAT 1 WORK NIT WO 22a. Certify that (1) SOW the decess above, (1) (we) (5 22b. SIGN ATURE 27d. PHYSICIAN'S NA A. BURIAL, CREMATION,	DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospita ed olive on did) (did not) AME (TYPE OR 6	21b. TIME C HOUR A. P. 21e PLACE [AT HOME STI	M. MONTH D. M. OF INJURY REEL FACTORY, OFFICE, F atter death	AY YEAR 19 FARM.EIC)	211. LOCATION SIREE1 211 to Cation Siree1 211 to Cation Siree1 All paints and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	YES NOW RED (ENTER NATURE OF INJUIT CITY OR TO death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING YES IN IN ITEM 1B PART I	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE hot (I) (we) lo couses stoted SIGNED 2091 ing, Me
WEDICAL	210. ACCIDENT WAS UNION CONTRIBUTING 11 IF EITHER, NOTHY MED AT WORK 220. I certify that (1) sow the decessions, (1) (we) (s) 220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NA A .	DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospita ed olive on did) (did not) AME (TYPE OR 6	21b. TIME C HOUR A. P. 21e PLACE [AT HOME STI st]) offended th view the body PRINT) acko, M	OF INJURY M. MONTH D. M. OF INJURY KEET, FACTORY, OFFICE, F oftet death D. 23c. 1	AY YEAR 19 FARM.EIC) So A	211. LOCATION SIREET 19 Ind that in (my) (our) apinion DEGREE NO: ATTENDING PHYSICIAN 22e. ADDRESS 3500 16th St.	YES NOW RED (ENTER NATURE OF INJUST CITY OR TO depth occurred on the do MEDICAL STAF DIRECTOR PHYSIC , Suite G31	IN CERTIFYING YES TO THE TENT	G CAUSES () ORPART 2) COUNTY COUNTY 22. DATE 5	STATE hot (I) (we) le couses stoted SIGNED 2091

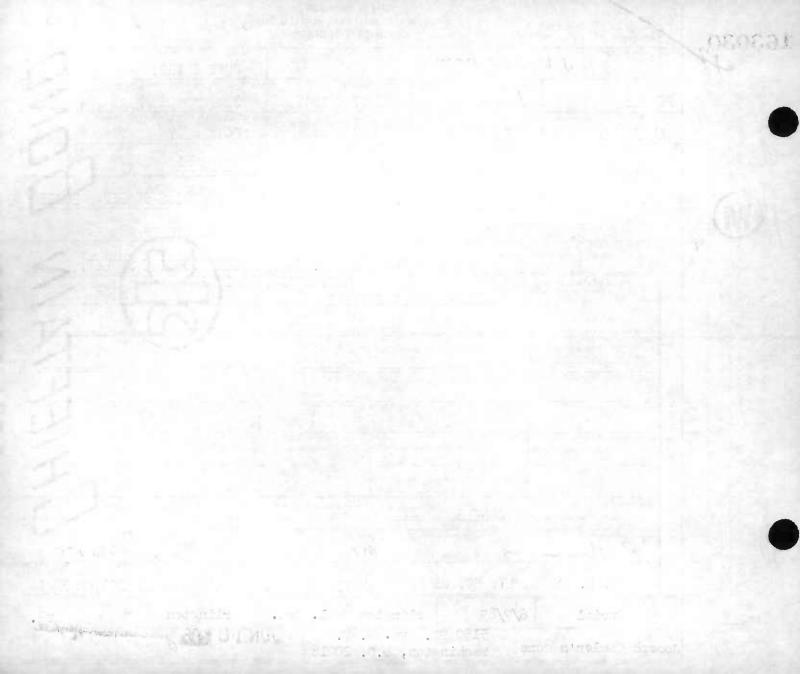


		1	FØR			DEDAD			MARYLAN								
	- 101	1	STATE						H AND M		I'm's cs:	1		7 /	0	4	
79-	75087	T DE	REGISTRAR CEASED NAME	FIDST		MEDICA		MEK.2	CERTIFIC	CATEO			REG. NO	٥.			
	15	(TYI	PE OR PRINT)	WILLOW		JOSEPH			LASI			OI	NOWN X	HTMOM	DAY	YEAR 2	2b. HOU
	PLEASE ECTOR. FILES. HOUR STREET	3. SE		XXXXXXXXX	7	WXXXX			eadows	Jr.		DEATH A	MATED [6	16 19		
	PLEASE FECTOR. R FILES. HOURS STREET,		March 1997	4. KACE		DAY YEAR	6. AGE (III		NDER 1 YR.	IF UNDER 2		DATE	CED	MONTH	DAY		6:38
	N S S S S S S S S S S S S S S S S S S S		LE	WHITE	APRIL	3,1979	6	YRS.				DEAD		6		9 85	p. 7
-	SERVE	FC	RTHPLACE (51 DREIGN COUNTRY)	ATE OR		OF WHAT COL	JNTRY?	8. MARE	IED NE	VER MARRIE	D XX 9.		RE CITY C	_			
	25 0 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1		RYLAND ITY OR TOWN	05.05.4***	U.S.A.			WIDO	VED L	DIVORCE	DU	Mon	tgome	ry Co	ounty		M
	THE L				(IF NOT IN SI	HOSPITAL, N	E STREET ADDRES	S)	HER INSTITU	TION	12a. USUAI FOR MOS	ST OF WORKII	ATION (TYPI NG LIFE)	E OF WORK	12b. KIND OR It	OF BUSI	NESS
- 1	当5. F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		CKVILLE	(IF IN NURSING HOME	Shad	y Grove	Hosp	ital			N/	/A					
201	E PEROL	13a. S	TATE	13b. COUN	VTY	13c. CI	TY OR TOWN	4	13d. INSIDE C	ITY LIMITS?	13e. STREE	T ADDRES	S			2090	4
0.21	= ::::0		RYLAND		GOMERY	SILU	YER SPI	RING			13e. STREET	002 H	AR LEQ	UIN	<i>TERRA</i>	.CE	
W	H-30E	14. F/	ATHER'S NAME FIRST		MIDDLE		LAST		15. MOTHE	ER'S MAIDEN			DLE		LAS	ST	
OR	OF PESS	171	WILI		JOSEPH		ows,			DEBOR			Α.		GUIF	FRE	
TIM	FORM SES TWO PER DE	(1)	ES, NO, OR UNKNO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. 50	OCIAL SECU	RITY NO.	17. INFOR		SAME A						
BAL	JRS AFTER 3. GIVE PA WITH FOR I. PAGES DIVISION		10						W:	ILLOW	JOSET	PH ME	ADOWS	, SR	. <i>t</i>	ATHE	R
ST.,	24 HOUR ITEM 1B. LONG W PERMIT. SIENE, D		18 CAUSE OF	F DEATH (Enter or ATH WAS CAUSE	nly ane cause pe D BY:								-	EAGE	APPRO BETWEE	OXIMATE IN	TERVAL
NO NO	N 24 H N ITEN ALON IIT PER IYGIEN		817	1 IMMEDIA	TE CAUSE (a)				traum	a					3		
TEST	TED WITHIN 24 IN ITER XAMINER ALON XAMINER ALON AL - TRANSIT PER MENTAL HYGIEIN, OR REMOVA		Canditian	s, if any, which		O, OR AS A CO	ONSEQUENC	E OF									
, P	UTED WITHI EXAMINER IAL - TRANS MENTAL - DAN, OR REA		gave ris	e ta immediate	(b)_											11	
2	A A A A A A A A A A A A A A A A A A A		lying caus		DUETO	O, OR AS A CO	NSEQUENC	E OF							1.10		
5,2	XECUTED WITHIN VG" IN PENCIL IN JAL EXAMINER AI BURIAL - TRANSIT AND MENTAL HYCATION, OR REMO		BART 2 OTUER CIC	NICICANT CONOUTIONS	(c)_										. 1		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	m== AIS	z	PART 2 OTHER SIE	INIFICANT CONDITIONS	CONTRIBUTING TO E	DEATH BUT NOT RE	LATED TO THE T	ERMINAL DISEAS	E OR CONDITION	N GIVEN IN PART	F I (a).						
REC	MED BE MED AS. MED AS. MED AS.	CERTIFICATION	19g, DATE OF	OPERATION	Tigh CC	NDITION FO	NHICH OF	ERATION V	/AS DEDECID	AAED2							
TAL TAL	Q D R R R F	FIG			17.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	EKAHOIYY	AS FERIOR	MLD:						TOPSY?	
<u> </u>	ERTIFICATE SHANG THE WORLD TO THE CHEST SHOULD BE CHEST SHOULD BE CHEST SHOULD BE CHEST SHOWLD BUT SHO	ER	21a EXTERNA	L CAUSE WAS	21b. TIM	NE OF INJURY		[2]¢ H	OW INJURY	OCCUPPED	/ FNTER NATI	LIPE OF INJUR	OV IN ITEM TO S	DARY I OR BA		5 🗆	NO 🕅
N N	THE WASTANGED OR TO OR TO		UNDERLYING	X OR IG ☐ CAUSE OF	HOUR	5p.m. 6	16 19		ject :						K1 2 j		
ISIC	GERTING TING DED TO DEPAI DEPAI DEPAI DEPAI	MEDICAL	21d, INJURY O	CCURRED	21e PLA	ACE OF INJUR	Y (AT HOME.		CATION	SULUCK	by c	IL III C.	III a	uto			
20	WRITII WARDEI VARE 3 AAGE 3 AATE DE	X	WHILE AT WORK	NOT WHILE	STREET	drivewa	ETC.)	176	O1 Do	ore F	or Co	ITY OR TOWN	+ or m	Mond	UNTY	2077	STATE
	PA A PA		THE WORK	ATWORK					01 Ro			Illiaii	LOWIT,	MOLIC	Lyone	TÀ,	MD.
	A A B B B B B B B B B B B B B B B B B B			y that I taak char					-	Inspection		Inquiry L		d in my ap	inian		
	AM REC REC ATH		death resulte	d tram Natu	ral causes	Acciden	<u>† [A.]</u> ,	Suicide	, Hamic		Undeterm	nined mann	ner,				
	A. A		ACTUAL	MA	12	N.			TITLE (SI					DATE	C/1	7/05	
	SHA SHA		SIGNATURE_	MIL	V	V		<i>N</i>	Assis	stallt	MEDICA	LEXAMIN	VER	DATE	0/1	7/85	
	PER PROPERTY		EXAMINER'S N	NAME Ani	n M. Dix	xon, M.	D.		ADDRESS	111 P	enn S	St. I	Balto	. MD.	100		
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, APORT A SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND,	23a.Bl	URIAL CREMAT	ION, REMOVAL				EMETERY C	R CREMATO		23d. LOCA						
07/84	BP	(5	PECIFY)	BURIAL	6/19				EMETE		ROCK	VILL	E	coun	ÖNT	STATE	MD.
25M	DHMH - 17	24 FL	JNERAL DIRECT		IS J. C					5a. DATE RE				STRAR'S S	IGNATUR	E	
	(VR A15 ME (5))	5	OO UNTU	BLVD. W	AUI	DKESS	JG. MD	2090		[[]]		- M	20	-			
			- MIJLY	The state of the s		- OINTI		20701		JUN !	2019	85	1000	10 1000	المراجع	ALL:	

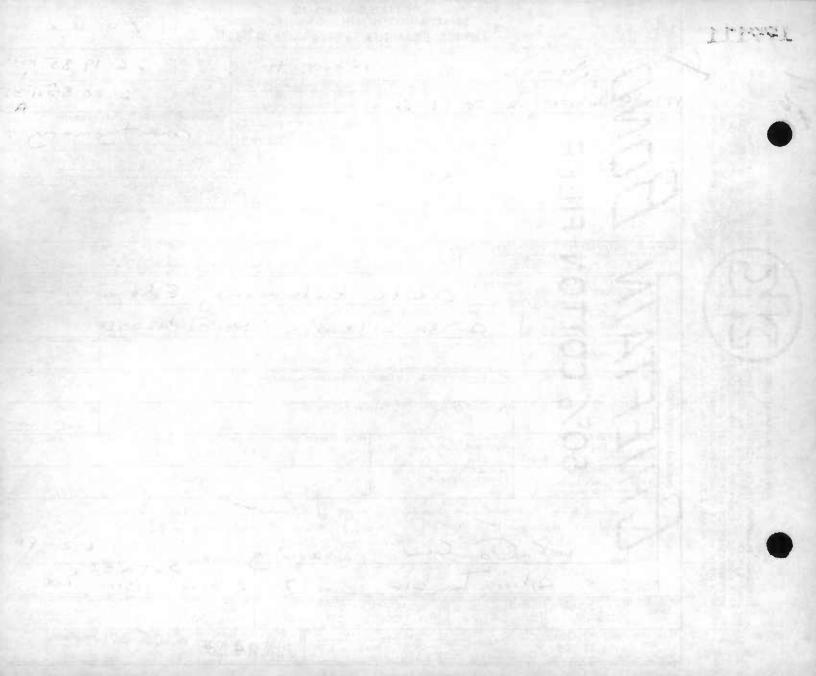


178036		FOR 7/3/85 STATE REGISTRAR	Item	4 L.	DEPA	RTMENT OF	EALTH AND ME	ENTAL HYG		EG. NO.	7 7	0 5
		CEASED NAME FR	06E	WE	EDWAR1	5. DATE O		YEAR 2	6. AGE (IN YEARS	Jour	DAY YEAR ZZ // IF UNDER 1 YEAR MONTHS DAYS	
other death, Pog ether death, Pog ether within 72 North	10. ⊂	RTHPLACE (STATE OR FOREK COUNTRY) NEW YORK ITY OR TOWN OF DEATH STLVER SPRING	11. N	S.A.	H FACILITY, GIVE ST	RY? 8 MARRIE WIDOW	NEVER MA	ARRIED -	12a USUAL OCC	GOMERY UPATION MOST OF WORKING	12b. KIND	
E MARYLAND 2120 Lind within 24 hours completely filled in by 1 and 2 should be 18 Nextmine many	13a. A 14. F	AL RESIDENCE OF NURSING POTATE 136 ARYLAND MC ATHER'S NAME FORST EDWARD	OME OR OTHER COUNTY NTGOME MIDDLE	ERY F.	GIVE RESIDENCE B 13c. CITY OR T SILVER LAST	EFORE ADMISSION) FOWN SPRING	13d. INSIDE CITY YES X X N 15. MOTHER'S A	NO [] MAIDEN NAM	13e.STREET ADD 9204 M ME		DE STREET	
be essent on ond s		NO I	YES, GIVE WAR	OR DATES)	068-0	9-2066	MARGA		MERKEL	SAME		WTFE
RDS, 201 W. PRESTON ST., The plant the death office on signed by the attending ph Then plants sensore corborate to burial, cremation, or remo	NOI	Canditions, if any, wh gove rise to immedic cause (a), stating	MEDIATE CAL	USE (o) COUNTY (b) COUNTY (b) COUNTY (c) COU	AS A CONSE	UENCE OF	Les A	Legh OTHE TERM	LA HEAR Y FAI INAL DISEASE OF	Leve RCONDITION G	HOS	LS TOKA
N. The Journal Perconnection of Physician Physician Physician Physician Physician prior Physican prior Physician prior Physician prior Physician prior Physici	CERTIFICAT	190 DATE OF OPERATION	ING 2	1b. TIME O	F INJURY		21c. HOW INJU		YES NO	IN CER	ES, WERE FIND TIFYING CAUSE YES	S OF DEATH?
DIVISION OF VITAL RECORDS. ANG PHYSICIAN: The for Indian other this certificate by bern sig as the burishfromis permit. Then has the burishfromis permit. Then ond Mental Hygiene prior to b orked or frem 18 shows cory night	MEDICAL	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	XAMINER)	P.A. 1e. PLACE CAT HOME, STR	ν.	DAY YEAR 19 FICE, FARM, ETC.)	211. LOCATION STREET	1	a A	TY OR TOWN	COUNTY	STATE
O HOSPITAL OR ATTENDS formed by the hospital or O FLINERAL DIRECTOR bound by detection for use the store Dept. of Healt BORTANT, if them 21 is an		226.1 certify that (I) (this sow the deceased a above, (I) (we) (did) (27). SIGNATURE (1) (27). Physician's NAME	live on	he bady		11-1	DEGREE ATT	TENDING SYSICIAN	death occurred or MEDICAL OIRECTOR 1	STAFF PHYSICIAN		that (I) (we) lose causes stated E SIGNED
BP		BURIAL, CREMATION, REM (SPECIFY) CREMATION		DATE 6/24:/	85	METROP	EMETERY OR CR	REMATO		EXANDRI		VIRGINIA
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR FR			OLLINS R SPRII		20901	250. DATI	E REC'D. BY REGI		STRAR'S SIGNA	

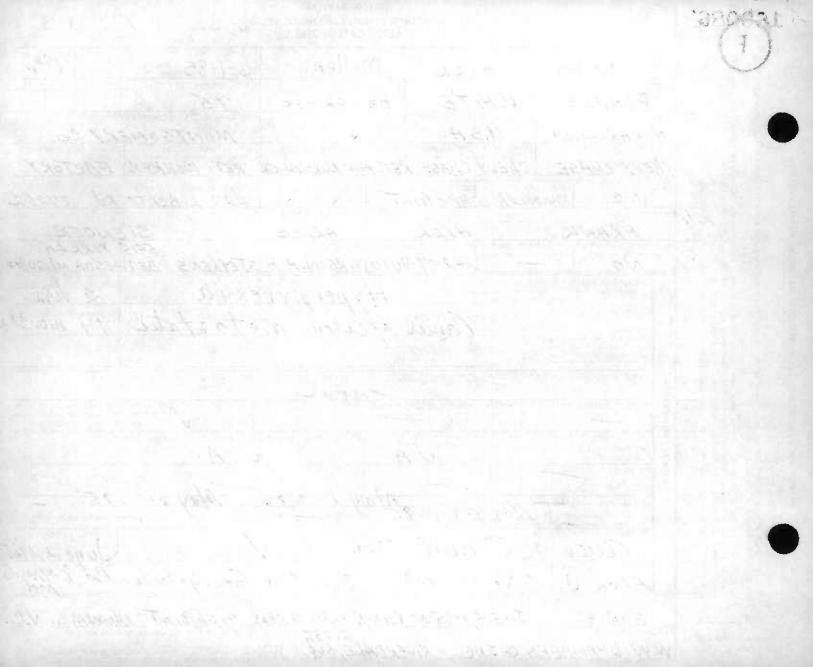
163030	1	STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		0 6
000 th	1199		ET EDITH N			AST	JUNE 5 1		5:20 a
a approved to	225.000 %	EMALE	CAUCASIA		S. DATE C	UST 4 1946	6 AGE (IN YEARS LAST BIRTI	YRS MONTHS DAYS	
1243	155.50	ALIFORNIA	UNITED ST	TATES	WIDOW		9 BALTIMORE CITY OF MONTGOMER		MD.
121		BETHESDA	(IF NOT IN SUCH FAI	CILITY, GIVE STREET	DTT AL	DR OTHER INSTITUTION	12ª USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOME MAKER	DN 12b KIND INDUSTRY	OF BUSINESS OR Y
4285	USU 130 S MAF	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU	GOMERY	CITY OR TOWI	ADMISSIONI HASE	13d. INSIDE CITY LIMITS?	3522 WOODB I	NE STREET	20815
100		GUY RIDGE		LAST			ANOR EMMA ST	TAUFFER	AST
on and		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN} (IF YES, GI	VE WAR OR DATES)	526-74-4		DEAN R.MERRII		BINE STREET	
NG PHYSICIAN. The law requires that the death certificate attending physician that the durab certificate has been supposed by the attending physics the bursol fromst permit. Then please remove carbon paper than a Manthal Mygares prise to be price to maintening or removal afterd by the attending physics of the property of the propert		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	ED BY: TE CAUSE (0) RI DUE TO, OR AS (c) MA	ESPIRATO S A CONSEQUE ALIGNANT S A CONSEQUE	DRY F NCE OF MEL NCE OF	ANOMA			DAIMATE INTERVAL N ONSET AND DEATH
The law retail from the law retail from person of the person of the law the law of the l	RTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
D PHYSICIAN mending physics or this certifical the bursol from ond Mental Hysical and or the city	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. P.M. 21e. PLACE OF I	MONTH DA	19	21t LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
Tattebbev heaptral er a RECTOR. Att ed for use on ed to use on en 21 is mark em 21 is mark		220. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	JUNE	5 19 8	35 , 01	JUNE 4 , 19 85 and that in (my) (aur) apinion of DEGREE	to	te and hour and from the	that (1) (we) last e causes stated
D HOSPITAL OF Housed by the O FUNERAL Dis Sould be detect with the Store De			EC, LT, MC	C, USNR		ATTENDING PHYSICIAN TO ADDRESS NAVAL NATIONAL CAP	HOSPITAL, NA	AVAL MEDICAL	Ner COMMAND
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	6/7/85	Ar	lingt	emetery or crematory on Natl. Cem.	ATTING to	on county	STATE V.S
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director seph Gawler's S		30 WI.		N. W. C. 20016	RN DIRAGES	Same and the same	Mark the same



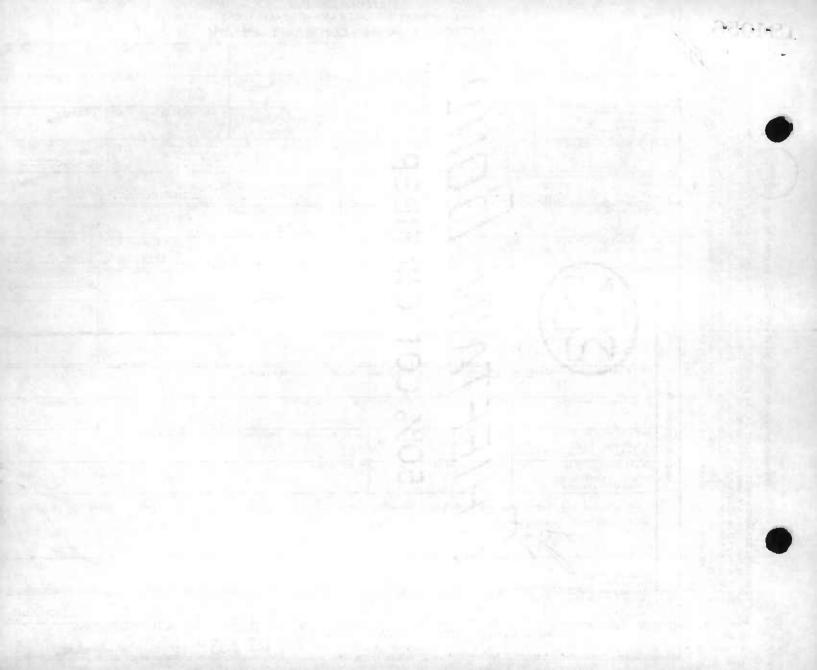
		1.	FOR			DEPARTM		OF MARYLAND ALTH AND MENT	AL HYGIEN	BC I	7 1	0.7	
177	7111	11-	STATE REGISTRAR		MI	EDICAL EX			E OF BEA	2	S. NO.	0 /	
	1		CEASED NAME	FIRST		WIDDLE		LAST		20 DATE KNOW		DAY YEAR 126 HOL	Ü
	28.8.8. E.	7	PE OR PRINT))am	25	В.		werri	#	OF ESTI-	_ /	18 82 10	2
6	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET,	3 SE	rale wi	nite 5	DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOU		2c. DATE PRONOUNCED DEAD	MONTH	DAY 85 74 HO	U
	SSAE SAL		IRTHPLACE (STATE OR	1	b. CITIZEN OF V			MARRIED NEVERA	LADDIED VV	9. BALTIMORE CI	TY OR COUNTY		Λ
	A STATE OF S		eorgia		United	State	es v		VORCED [m	on to	emery,	АГ
	AY IS THE FILED.	10. 0	ity or fown of dea					ice Road		ACST OF WORKING UFE	able C	KIND OF BUSINESS OR INDUSTRY	112
21201	ANY DE AND 3 TO PETAIN HOULD B	13a. S	ALRESIDENCE (IF IN NU STATE aryland	13b. COUNTY Montg		GIVE RESIDENCE BE	FORE ADMISSION) OR TOWN NETSbu	13d. INSIDE CITY LIM			0878	Service pice Rd	
MD.	GES 112. M PW 33. M PW 34. OF WID 25.		ATHER'S NAME Ed		MIDDLE		critt	15. MOTHER'S A Vera		WIDDLE		ırham	
SALTIMORE,	HOURS AFTER I M 18. GIVE PAC NG WITH FORN RMIT. PAGES+ RMIT. PAGES+ RMIT. PAGES+ RMIT. PAGES+ RMIT. PAGES+ RMIT. PAGES+ RMIT. PAGES+ RMIT. PAGES+		WAS DECEASED EVER (ES, NO, OR UNKNOWN) Yes	(IF YES, GIVE WA			Avail	ableBobbie		Mother		Georgia	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	D BE EXECUTED WITHIN 24 HOUS BENDINGS, IN PENCIL IN ITEM 18, MEDICAL, EXAMINER ALONG W O AS A BURIAL - TRANSIT PERMIT, EALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL.	Z	Conditions, if a gove rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICAN	immediate g the <u>under</u> -	(b) OUE TO, O	R AS A CONSI	10 SC EQUENCE OF	lerotec		of the	People		_
ITAL REC		CERTIFICATION	19a. DATE OF OPERA	ATION	19b. COND	OITION FOR W	HICH OPERAT	ON WAS PERFORMED	?		Save L	20 AUTOPSY?	- *
ION OF V	IIS CERTIFICATE SHOULD WRITING THE WORD "PRINGED TO THE CHIEF GE 3 SHOULD BE USED TO EPPARTMENT OF HE COUNTY OF THE PRINGE TO BURNAL.	MEDICAL CER	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.	M. MONTH D	19	21¢ HOW INJURY OCC	URRED (ENTERN	NATURE OF INJURY IN ITE	M 18 PART 1 OR PART		
DIVIS	E, WRITIN E, WRITIN EWARDED PAGE 3 S STATE DEF	MED	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE		OF INJURY CTORY, FARM, ETC.		211. LOCATION STREET		CITY OR TOWN	COUN	TY STATE	
•	EXAMINER: CERTIFICATE ULD BE FORM DIRECTOR: I , WITH THE S MARYLAND,		22a I certify that death resulted from ACTUAL SIGNATURE			Accident	, held an Suicid		t u	Inquiry, ermined manner [ond in my opin , DATE SIGNED.	6-20-87	
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	720 9	EXAMINER'S NAME (TYPE OR PRINT)	- L	hw DATE 10	Park!	24-	ADDRESS S	218	CATION	NISN	ara -	=
07/84 25M	BP	l '	Buria]	L Ju	ne 24,	And	derson	Cemetery	Rin	nggold	COUNTY	Georgia	
	DHMH - 17 (VR A15 ME (5))	1	UNERAL DIRECTOR		t A. P. hesda,			eral 30.0		1985 CHARLES	COSTRAL'S SIG	Mark Control	



1	-			STATE OF MARYLAND		
160086	1-	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		17/08
111		REGISTRAR			REG. NO.	
(1)	1. DE	CEASED NAME FIRST	HIDDLE	M II a	1 1	ONTH DAY YEAR 26. HOUR
		Ruth	HIXL	miller	6-1-85	PM
£ 4.	3. SE		4. RACE	S. DATE OF BIRTH MONTH DAY YE	6 AGE TIN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
oge 4		FEMALE	WHITE	03-02-1	0 75	YRS.
Pod Shodi	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIE	9. BALTIMORE CITY OR	
deor deor	N	. CAROLINA	U.5 H-	WIDOWED DIVORCE		SOMERY CO. MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION	LITYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
10 s of lifed	Ch	EVY CHASE!	CHEVY CHASE	E RET. AND NURSIN		CKER FACTORY
212 A in be	USU.	AL RESIDENCE (IF NURSING HOME OF	DR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIA	AITS? 13e.STREET ADDRESS /	ZIR CODE 99999
N 24 Suld	100.	N.C. RAN		BINT YES NO!	- 0 - 4 1 1 0	and the second
rthin ithin	14. FA	THER'S NAME		15. MOTHER'S MAIL	DENNAME	
E, MAR		FRANK	MIDDLE HILL	L ALIC	MIDDLE	SPENCER
RE, COL		AS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMANT	ADDRES	SHIS YOPKLA.
MORE, executor of Poges	L	(IF YES, G	IVE WAR OR DATES) 247-0	7-9070 VIPEINIE	9 H. STEPLENS	BETHESDA WILL 20814
		A CAUSE OF DEATH S		1 10:0 11 10:1011	I // J/EIKENS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BALT rrificote by physicio on popers emovol. event, the		PART I. DEATH WAS CAUS		HUNEVA	VVPX Ia	BETWEEN ONSET AND DEATH
2 00000		IMMEDIA	ATE CAUSE (o)	Aperp	Yrckide	a lova.
RESTON e deoth ce move corb totion, or i			DUE TO, OR AS A CONS	EQUENCE OF	matasta	tis 14 months
de de orio		Conditions, if ony, which gove rise to immediate	(b)	er y coron,	Melata	ne // more
t t t in		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF		
d b d b or o			(c)			
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
RECORDS.	CERTIFICATION			none		
low low s be s on s on	CA	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTÓPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
2 20 2 3	RTIF				YES NO D	YES NO
Y Hyaring Market		OR CONTRIBUTING CAUSE OF DE	LUCIUS A MA MONITU	DAY YEAR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
OF ICIA	S I	(IF EITHER, NOTIFY MEDICAL EXAMINE	LAIN A	1. A · 19	N.A.	
DIVISION OF NG PHYSICIA of offer this certification of the buriol-th ond Memoli orked offer	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION	CITY OR TOW	N COUNTY STATE
IVIS offer the sthe	2	AT WORK NOT WHILE	THE HOME, SINCE, THE TOKY, OF	4.1		
Or Or Affice Seconds and a mo			ortal) prisended the deceased fr	om_/// a.V./ 19	84 10 May.	31 , 19 85 , that (I) (we) last
TTEN Pirtola for u		sow the deceased alive a	n May 2-9 not) view the body after death.	19 85, and that in (my) (our)	opinion death occurred on the dat	e and hour and from the causes stated
R A hospital		226. SIGNATURE	A	DEGREE		22c. DATE SIGNED
the Dord		allow.	x. () heile	ATTENI PHYSIC		
HOSPITAL ned by the FUNERAL old be det othe Store	1	224 PHYSICIAN'S NAME (THE	OR PRINT!	22e. ADDRESS	CIAN DIRECTOR THISICI	DI TRAL
HOSPI Poined to D FUNE Sould be		Allon 1.	ONeill 1	mg 86010	11d George7	own Rd, DEINESCO
Shoul shoul	23a F	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION	Mud
149849		SPECIFY) PIPI	JUNE 4 1985	Mt. VERNON METHO. CA	CELA HETY OR TOWN	T COUNTY STATE
17 10	24 FI	JNERAL DIRECTOR	JUNE 7, 1103		250 DATE REC'D. BY REGISTRARIZE	Sb. REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	ia	IN THE CHANGE	DE A TUA	BUCADALE NA	HIM = 400FL	St. Knish But an
(414 13, 4)	YY	W. WITHINDEK	JULANC.	SIVEKUITAE, MO.	JUN 5 1985 1	wind went ason-Nanacet



	1.	FOR	7/24/85	mtb F#605			MARYLAND I AND MENTAL H	IYGIENE - 1	., .,	0 0
184056	12	STATE REGISTRAR			DICAL EXAMI			FOEATH REG.	NO.	0 7
- IK		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE KNOWN		Y YEAR 26 HOUR
2000			Elea	nor	Gwinn	Mi:	Istead	OF ESTI- DEATH MATED		5/19 85
LDIRECTOR LDIRECTOR TO WHEE TON STREET	3.5E	X	. RACE	5. DATE OF BIRTH	6. AGE (IN)			24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY	Y YEAR 2d HOU!
ARY, F TONS TONS		nale	Caucasia	an July 13	,1918 66			DEAD		5/1985 1:44 P ^
	70 E	IRTHPLACE (STA		76. CITIZEN OF WI		8. MARR	IED XXNEVER MARRI	ED 9. BALTIMORE CIT	Y OR COUNTY OF	DEATH
● NATURE /	10.0	New Yor		United S	tates PITAL, NURSING HOA	WIDOV		PIOTICACING	ry County	Z ME
SA PAGE	1			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	IER INSTITUTION	FOR MOST OF WORKING LIFE) Artist		RIND OF BUSINESS OR INDUSTRY
P SS SS SS	ŪSU	Bethes		OR OTHER INSTITUTION, GR	oan Hospita	SIONI		Artist	Ne	wspaper
A STANDAR	13a S	TATE	136 COUN	VIY	Bethesda		YES NO X	13e STREET ADDRESS 5617 Glenwoo	od Rd /	20817
8 = 0.00 M		ryland ATHER'S NAME	MOII	tgomery	Dechesda		15. MOTHER'S MAIDE		Ja Ra. /	20017
東京を見る	1	Ralph		W.	Gwinn		Essie	MIDDLE	O'D	aniel
MOR N SORM	160.	WAS DECEASED	EVER IN U.S. AR		166. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDR		differ
A SO	L'	No	(# 1E5, GIVE	WAR OR DATES)	104-20-63	32	Charles H	. Milstead, Hu	usband, S	ame as #13
T. W.		18 CAUSE OF	DEATH (Enter or TH WAS CAUSE	nly one couse per line	for (o), (b), and (c).)				BE:	APPROXIMATE INTERVAL
ON S WERN SERV		FARTIDEA	IMMEDIA	TE CAUSE (a) Ar			Cardiovasc	ular Disease		
IN S AL		Conditions	, if ony, which		AS A CONSEQUENCE	OF			A-0.23 15 E	
WITHIN WITHIN NCIL IN INER A INAL HY		gove rise	to immediate	(b)	15.1.50005500500					
201 W. PRE UTED WITH IN PENCIL I IN PENCIL I I AL TRAINER O MENTAL I ON, OR REA		lying couse		502 10,01	AS A CONSEQUENCE	: OF			3/1	
vi Dia Hazi		PART 2 OTHER SIGN	IFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE TEL	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	PI 1 to		
BE E NOIN VEDICAL SA NITH CREM	20		dration				c on condition office in the			
AL OF PERMIT	1/5	190. DATE OF C		19b. CONDIT	TION FOR WHICH OPE	RATION V	AS PERFORMED?		20	AUTOPSY?
VITA SHOU CHIE CHIE CHIE CHIE CHIE CHIE CHIE CHIE	CERTIFICATION	N. LIE			E-LACE-					YES NO W
O HE HE WELL		210. EXTERNAL UNDERLYING		21b. TIME OF HOUR A.M	INJURY MONTH DAY YEA	AR 21c. H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
ISION OF VIT RETIFICATE SH ING THE WOR D TO THE CL ISHOULD BE LESHOWING BE LESHOWIN	MEDICAL		G CAUSE OF	DEATH P.M.		231.10				
S CER RITIN ROED SE 3 S	MED	WHILE AT WORK	NOT WHILE		OF INJURY (AT HOME, 'ORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE
13484C		AT WORK	AT WORK							
PE CATE					cribed obove, held on	Autop	sy, Inspection	n Inquiry .	ond in my opinion	
AMN REC INTH IRYU		death resulted	from: Notu	rol couses X,	Accident L., S	vicide	, Homicide L.	Undetermined monner		
MAN WAN WAN WAN WAN WAN WAN WAN WAN WAN W		ACTUAL SIGNATURE	XI	1			TITLE (SPECIFY) D. Assista	OTMEDICAL EXAMINER	DATE SIGNED	6/27/85
DEAT ST.	1		7			~~	.D, ASSISCA	LICMEDICAL EXAMINER	SIGNED	0/2//03
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PA AFTER DEATH, WITH THE ST.	1	(TYPE OR PRINT	Green Green	gory R. Ka	uffman, M.	D.	ADDRESS	111 Penn St.		
53.45.48 _	23o. E	URIAL, CREMATI	ON, REMOVAL	June				23d. LOCATION CITY OR TOWN	COUNTY	STAIF
07/84 BP	24 5	Burial UNERAL DIRECTO		29, 1985			en Cemetery			Maryland
DHMH - 17	Z4. F	NAME	Robe		hrey Funer		mes, IIII	1 100E		
(VR A15 ME (5))			P.A.	Bethesd	la, Marylan	.d	107.0	T 1300 1 000	Tavidson-Range	delle.



12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 6708 OLDE MILL COURT PARK SAME AS 13 HUSBAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) tour opinion death accurred on the date and hour and from the causes stated DATE SIGNED the State OLIR 4tot NGOLA 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) SILVER SPRING BURTAL 6/11/85 GATE OF HEAVEN 4. FUNERAL DIRECTOR FRANCIS J. COLLINS. DHMH - 16 60M 7/84 (VRA 15, 4) 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

STATE OF MARYLAND

26 HOUR

IF UNDER I YEAR

9:23

Tene 1, 1935

Sagard	1-	STATE REGISTRAR		ME	DICAL EXAM	AINER'S	CERTIFICATE C	OF DEATH	REG. NO.		
* 189044		CEASED NAM PE OR PRINT)			(none)	24.	LAST	20. DATE KN OF I DEATH M	NOWN X MONTH	26/19 85 A	
PLEASE ECTOR. R FILES. HOURS	3 SE		Mojtak 4. RACE	5. DATE OF BIRTH	6. AGE		irani NDER 1 YR. IF UNDER THS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCE	MONTH ED	DAY YEAR 24 HOUE	
SEARY PALDH R YOU STON	7a. B	ALE IRTHPLACE (S DREIGN COUNTRY)	White TATE OR	Apr. 25		YRS. 8. MARR	RIED NEVER MARR	DEAD 9. BALTIMOI	6/ RECITY OR COUNT	26/ ₁₉ 85 P N	
SE S		Iran ITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO)						126 KIND OF BUSINESS	
DELAY PAG PAG PAG PAG PAG PAG PAG PAG PAG PAG	1	Rock	ville	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Shady Grove Hospital ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			FOR MOST OF WORKING LIFE) Electrical Enginee			r/Private Ind	
A South) ³ °M	aryland	Mon Mon		Gaither:	WN	YESXX NO		eer Park	Dr. (20877)	
REAL PARTY	3	Hassam		Mirmiraai			Parvin — Mirmirani				
ALTIMO AFTER I SINE PAR HI FORM HISION		WAS DECEASE YES, NO, OR UNKNO NO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	166 SOCIAL SEC 464 15		Nooreddin	ncle Mirmirani		Mason Hill I	
HOCKES MA 18 NA 18 RAMIT INE, DIV	>	18. CAUSE C	ATH WAS CAUSE	nly ane cause per line ED BY: ATE CAUSE (a)	e far (a), (b), and (c)		niuries			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD. "IN PENCIL IN TEM 18 ROE TO THE CHEIGHT EXPLICAL EXAMINER ALONG THE 3 SHOULD BE USED AS A BURAL, "RANDIST PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OF PROR TO BURIAL, CREMATION, OR REMOVAL.		gave ri	ns, if any, which se to immediate	DUE TO, OR	R AS A CONSEQUE	NCE OF					
DS, 201 W. PREST XECUTED WITHIN 4G" IN PENCIL IN 4G" LA EXAMINER A BURRAL TRANSIT AND MENTAL HY ATTON, OR REMO		lying car		(c)	AS A CONSEQUEN						
RECORDS D BE EXE ENDING A REDICAL AS A BL EATTH A P. CREMA1	NOI			S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEAS	SE OR CONDITION GIVEN IN PA	ART 1 (a).			
HOULD ORD "PE CHIEF A PE USED OR HE	TIFICAT	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	DPERATION V	VAS PERFORMED?	8 14		20 AUTOPSY? YES [X] NO [
DIVISION OF VITAL RECORDS, 201 41S CERTIFICATE SHOULD BE EXECUTE WRITING THE WORD "PENDING" IN RADED TO THE CHIEF MEDICAL EXA CAET 3 SHOULD BE USED AS A BURIAL ATE DEPARTMENT OF HEALTH AND MI	MEDICAL CERTIFICATION	UNDERLY INC	NG CAUSE OF	DEATH 9:45P.A		985 mot	corcyclist,	lost conti			
DIVISI E. THIS CERT RWARDED : PAGE 3 SI STATE DEP.	WED	21d. INJURY (WHILE AT WORK		STREET, FAC	OF INJURY (AT HO) TORY, FARM, ETC.) Adway		ocation street abs Branch	Way, Rocky:	ille, Mon	tg., Md.	
# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	22a. I certi		ge of the remains de	scribed abave, held Accident X	an Autap		un , Inquiry Undetermined mann	and in my ap	nnian	
AL EXAM HE CERT HOULD E TH, WITH, WITH,		ACTUAL SIGNATURE		EN/		^	TITLE (SPECIFY) A.D. Assista	int _{medical} examin	DATE NER SIGNE	6/27/85	
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOUND BE TO FUNKEN DIRECT AFTER DEATH, WITH THE	X	EXAMINER'S (TYPE OR PRI	NAME Gre	gory R. Ka	auffman, 1	M.D.				, Md. 21201	
07/84 BP	23o. E	BURIL	TION, REMOVAL	June 29,1	1985 Isla	amic Ga	r CREMATORY	23d. LOCATION CITY OR TOWN Falls Chu	ırch Fair	rfax Va.	
25M DHMH - 17 (VR A15 ME (5))		NAME BENT	A DeVo.	Funeral ADDRESS Was	Home/2222 shington l	Wisc D.C. 2	Ave. 250. DATE	REC'D. BY REGISTRAR	25h BEGISTRAR'S S	IGNATURE	

STATE OF MARYLAND

code tradition of the state of

n Ti nil

the land of the court of the co

UNICE THE LOCAL PROPERTY SERVICE CHARLES CHARLES COMPANY OF CALLED and of the state o

Mir ir ni Carain — Mir denot Le le Cilius di Cilius Hill Di bol I you de redule Mir drai Marchyle Ve.

Associate Saltmont Crimina Land

Interior I de la constitución de

House and the

March 19 PA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

2 DONALDIRMIORSTEIN HEBREW MEMORIAL FUNERAL HOME

232 CARROLL STREET, N. W., WASHINGTON, D. C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

40			R	-	7	-
C				/	1	i
	PEG	NO				

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG	3. NO.			
		CEASED NAME OR PRINTI	PIRST		S.		AST LTTMAN	JUNE	H MONTH	1985	26. HOUR 5:00 AM	
	3. SEX	MALE		4. RACE S. DATE O WHITE			TOBER 19, 7896	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
1	78. BIRTHPLACE (STATE OR FOREIGN NEW YORK			76. CITIZEN OF WHAT COUNTRY? & MARRIEE WIDOWE			DE NEVER MARRIED DE SALTIMORE CITY OR COL MONTGOMERY			OUNTY	MD.	
TAKOMA PARK				HERTTAGE HEALTHCARE							RTMENT	
2		AL RESIDENCE (IF NURS		OTHER INSTITUTION, TGOMERY	GIVE RESIDENCE BEFORE	, , , , , , , , , , , , , , , , , , , ,	134. INSIDE CITY LIMITS?		ESS / ZIP CO	AVENUE	2	
1	BEI	RNHAKO		MIDDLE	KLEINSI		BETTY	MIDE			STEIN	
CERTIFICATION		VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)					NG BEA	DWAY, ap	VORK	
	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	RTIFICA	IVe. DA碑 OF OPERA		19b. CONDITION FOR WHICH OPERATION V				YES NO	IN CER	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO		
	MEDICAL CE	21a. ACCIDENT WAS UNION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	HOUR A. P. P. PLACE (AT HOME, STE	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, I	19	216 HOW INJURY OCCURI	Epart Ex-	FINJURY IN ITEM T	COUNTY	STATE		
		27a. I certify that (I) (this hospital) along the deceased from 19							nour and from the	that (I (we) lost couses stated		
	23a. B	BURTAL AREMATION,				BONT I	LEBANON CEMETE				RGE' STATE	

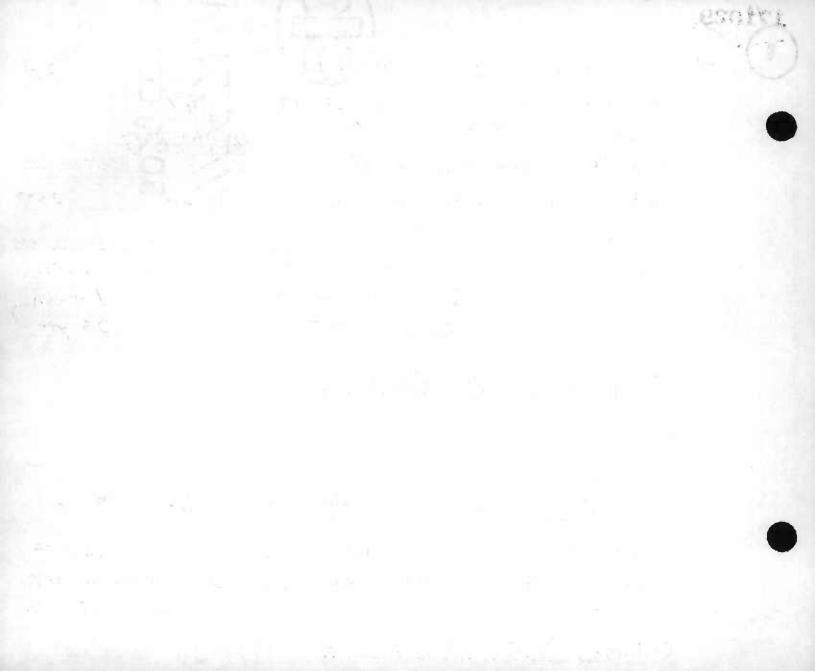
DHMH - 16 50M 4/83 (VRA 15, 4)

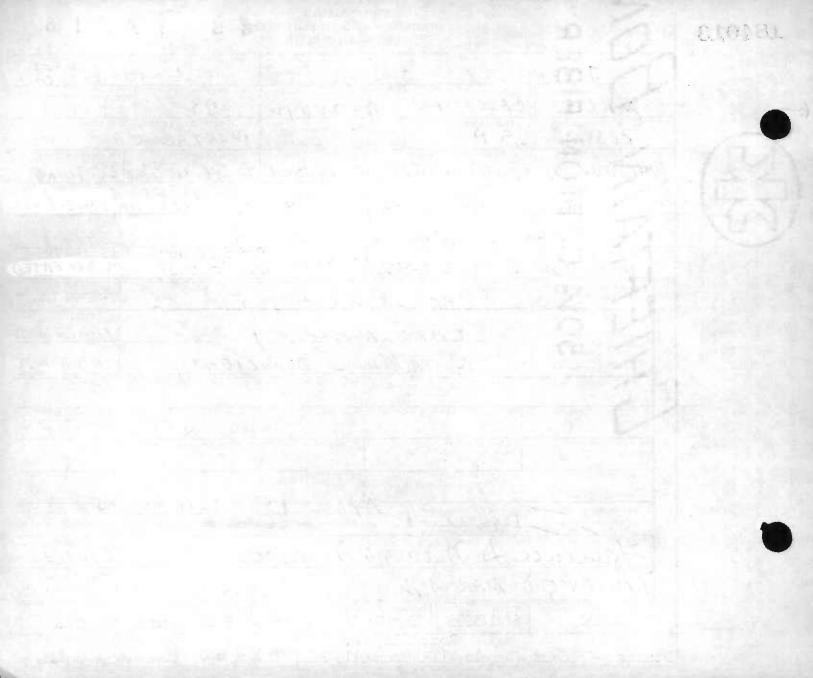
TO FUNERAL DIRECTOR:

				STATE OF MARYLAND				4
184038	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	17	7	4
do by the		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
eath eath	111FE	John	H.	Moore		6 19	85	1020 AM
ge 4 may be ector, page 3 rs after death	3. SE		Black	S. DATE OF BIRTH NOV. 20 1928	6. AGE (IN YEARS LAST BIRT	YRS.	INDER TYEAR	IF UNDER 24 HRS HOURS MIN.
death. Par uneral dir in 72 hav		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTEO	MER		MD.
offer of the f	10. <u>C</u>	POCKVILLE	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Shadu Give		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF WADOVER)	(Ret.)	State	Rd.
hin 24 hours	USU:	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY I ISCITY OR	antown YES NO	130 STREET ADDRESS	zipicone i	rook	20874 Rd.
ompletely from and 2 sho	14 F/	THER'S NAME HOMER	MOORE LAS	15. MOTHER'S MAIDEN NA	DIE BA	iley	1AS	
n and ce Pages 1		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	wed forces? 166 SOCIAL 216-2	2-0484 Louise Mu	pore (wite)	SAM	AS 7.	
100		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATION	y ane cause per line far (a), (l D BY: E CAUSE (a)	O FUCEPHMOPATY			APPROXI BETWEEN C	S PARS
dignifica attended attended aumotic		Conditions, if ony, which	DUE TO, OR AS A CONS	EQUENCE OF IN PHOTION			9	S DAYS
that the sase rulle of certain rather the	R	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF 120HRT DI	JISHE	35,00	-10	TAKL
requires the signed Then ples injury, or	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	OBAIT	MINAL DISEASE OR CONL			
N. The low re hysician. icate has been rransit permit Hygiene prior 18 shows any ii.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	OF DEATH?
HYSICIAN. T ding physici ding physici s certificate burial-transi Mental Hygis pr Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2}	
NG PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
OR ATTENDING TO STATE THE STATE TH		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (diel) (did not	111.	ram 19 19 19 19 19 19 19 19 19 19 19 19 19	death occurred an the do	, 19.		that (I) (we) last causes stated
TAL OR A y the hos RAL DIREC detached detached TT: If them		22b SIGNATURE	ml	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	22c. DATE	SIGNED
TO HOSPITAL of retained by the TO FUNERAL Dishould be detained with the State Dishop TAMPINE TO FUNERAL DISHOP TAMPINE TO FUNE FUNE TO F		CRE COAL	all mo	220 ADDRESS	R PHRK PR	· 6917	HERSE	5126
7 € ₹ ₹ 3 ₹	23a. I	BURIAL CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION		QUNTY	STATE
BP		Burial	6-24-85	Gate of Heaven C	em. Silve	er Spr	ing,	Mongt.
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director George R. Snowd	en Rock	N. Washington St	TE REC'D. BY SEGISTRAN	NA REPUBLICA	No. of the last	Alle I

	eke tu
The state of the s	
Konkey Transport of the State o	
Market Miles of the Commerce o	
House Miran Sugar Said	
The second contract the second	
	TO TO
	126

171029	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENS 5 REG. NO.	7 / 1 5
book 3	(TYPI	CEASED NAME PIRST	EUGENTA	Morley	6	DAY YEAR 26. HOUR 13 85 2 AM
ge 4 rector.	3. SE	female	white	5. DATE OF BIRTH DAY YEAR 17	(0 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Jeath.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	WIDOWED DIVORCED	1 mon 40m	ry MD.
by the	K	OCKVIRE	R OTHER INSTITUTION, GIVE RESIDENCE BEF	SING HOME OR OTHER INSTITUTION EET ADDRESS RECEIVED RECE	12 PURCHAS PAIGN (TYPE OF WORKING LIF CLERK—	DEPT OF NAVY
Sold Sold		AL RESIDENCE (IF NURSING HOME O TATE 13b. COU	en James 130 Rock	DWN 134, INSIDE CITY LIMITS	see above	20853
omplete		WALTER WAS DECEASED EVER IN U.S. AI	MIDDLE DEA	JTH FIRST A	MARY MIDDLE E.	ASPEN HILL ROAD
ficote be executively the ficote be executed by the ficote be executed by the ficote be executed by the ficote beautiful to the ficote by the ficote beautiful the ficote by the ficote beautiful the ficote beautiful the ficote by the ficote beautiful the ficote		YES (IF YES, GI	II 259-16 nly one couse per line for (o), (b),	-6567 THOMAS J.	MORLEY ROCKUTI	
or the death certify the ottending processing the correction of remotion, or remainer thoumatic events.		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEC	atinal obstruction	٠ <u>٠</u>	2.5 yra
low requires the low requires the low been signed by permit. Then pleas the pricar to buriol.	CERTIFICATION	PART 2 OTHER SIGNIFICANT The all 190 DATE OF OPERATION	conundt n	O DEATH BUTNOT RELATED TO THE T MET AST ASSOCIATED TO THE T CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
HYSICIAN: The diding physicial is certificate buriol-tronsit Mentol Hygist or them 18 she	MEDICAL CERTI	2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE THER. NOTHEY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE	ATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	YES NO YE CURRED (ENTER NATURE OF INJURY IN ITEM 18. F	S NO COUNTY STATE
TENDI or TOR: A for use of Heol		22t. I certify that (this hosp	otherwise body of other death.	DEGREE	ion death occurred on the date and hou	19, that (we) lost r and from the couses stated 22c. DATE SIGNED
O HOSPITAL OR ATTEN etoined by the hospital TO FUNERAL DIRECTOR: should be detached for us with the Store Dept. of He MPORTANT. If them 21 is		224 PHYSICIAN'S NAME (17PE	Sherer v		N & DIRECTOR PHYSICIAN D	ten md 20906
BP		BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	6/15/85	GATE OF HEAVEN	STEVER SPRING DATE REC'D. BY REGISTRARIZSD. REGIST	COUMONT SMD.
DHMH - 16 50M 4/83 (VRA 15, 4)	C	O FRANC	IS J. COLLINSDERES V. BLVD. W., SILV	ER SPRING, MD. JUN	1 7 1985 July Javid	

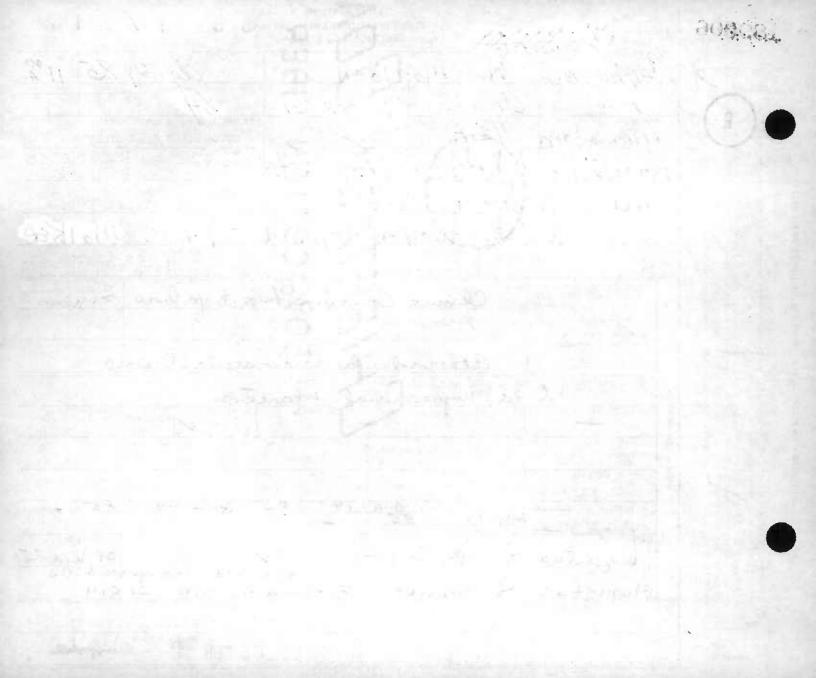




DHMH - 16 60M 7

(VRA 15, 4)

				STATE	OF MARYLAND			wg g 1	100)
5	1.	FOR STATE	DEP		EALTH AND MEN		8 5	//	1
		REGISTRAR		CERTIF	ICATE OF DEAT	TH	REG, NO.		4
	I. DE	ASED NAME FIRST	MIDDLE	2	AST	20	DATE OF DEATH MONTH	DAY YEAR	26 HOUR
4	6	AlphURNIa	W. IV	lould	EN		do	19 85	11 AM
1	1. SE		HACE	5. DATE O		6.	AGE (IN YEARS LAST BITTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	1	Female	CAUC.	Oct.	8, 190	1	83	Magazina DATS	MIN,
25	74. BI	RAPLACE EMPEONION OF	CITIZEN DE YOUNGCOUNT	RY? 8.	NEVER MARK	PIED 7	BALTIMERE CHY OR COUN	TY OF DEATH	-933
15	1	MARGIAN	UDA	WIDOWE			Montgomery	County	MD.
11	91.5	PTOWN OF FATH	NAME OF HOSPITAL, NU	RSING HOME O	OTHER INSTRU	NON/B	USUAL OCCUPATION	12b. KIND OF	BUSINESS OR UDITC
0	1	JOCKUILLE (Collingsu	100d1	VSG.CE	NTEN	Teacher	Scho	
21	Tita 1	AL RESIDENCE IN NUMBER OF CHAIR	THE METITION OF PROPERTY	FORE ADMISSION IN	IN SIDERTY L	MITS2 113	s.STREET ADDRESS / ZIP COI	DE	
25	10.57.925	110. M	out. Koc	Luille	YES NO		8 Thomas St	reet/20	850
/	14. FA	ATHER' I AME	PALL & ALLO	1	15. MOTHER'S MA	IDEN NAME	Luppie		4 (4
0/		Elijah Wi	150N W.	alker	Em	ma	Monnis	Tho	mas
1		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL S	SECURITY NO.	17 INFORMANT		201 S. W	ashingt	
/		No	336-20	6-4254	Mary Le	e Kra	ft Rockvill	e. MD 2	
		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b		4-	1	4 0	APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE		ic Co	ucestin	e he	Earl failur	2 >10	leass.
			DUE TO, OR AS A CONSI	FQUENCE OF	0		0		2
		Conditions, if any, which	(b)						
		gave rise to immediate cause (a), stating the	DUE TO, ORAS, A CONST	EQUENCEOF	2	0 -			
		underlying cause last.	(ather	oselar	olic Ca	rdiou	arcular Des	RODE	
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CONDITION G	IVEN IN PART TIO	
	CERTIFICATION	0	Cal muyo	eard	al w	fore	bon		
1	CAI	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION	WAS PERFORME	dV		ES, WERE FINDIN	
1	RTIF						YES NOT	YES	NO 🗌
a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJURY IN ITEM TE	PART OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	-	AT WORK NOT WHILE							
	-	220 I certify that (I) (this haspita	d) attended the deceased from		14 19	82	10 June 39	. 19 55.1	hot (= (we) last
	11	saw the deceased alive on				apinion dea	th occurred an the date and he		
		226. SIGNATURE	7 7	1 4	DEGREE	NDING A	MEDICAL STAFF	22c. DATE S	
		Hauguslus	120- 120-	un	PHYS	ICIAN D	IRECTOR PHYSICIAN		une 85
		27 PHYSICIAN'S NAME (TYPE OR	RINT		22e ADDRESS 13			se paray	789
1		Hugustus		IIND	Beth			20814	
1	23a B	BURIAL, CREMATION, REMOVAL SPECBURIAL	July ,		EMETERY OR CREM		23d. LOCATION	COUNTY	STATE
					vn Mem.		Rockville,		
′B4	24 FU	INERAL DIRECTOR Robert	A. Pumphr	ey Fune	eral	250 DATE RE	C'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATU	
	Ho	omes, P.A. Roc	kville, Mar	rvland	20850	JULU	0 1900	- Company	



	1	FOR			E OF MARYLAND	(CIENT) E	177	1 8
165095	1.	STATE REGISTRAR			EALTH AND MENTAL HY	REG. NO.	1 / /	
, n.e.		CEASED NAME FIRST OR PRINT) CHARLO	MIDDLE E.	20	RRAY	20. DATE OF DEATH M	6/05/8.	140
do pa offer of	3. SE		4. RACE WHITE	MONT	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DA	
the Page		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	p-	4 44
0 10	0. C	U/SCONSIN ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP	WORKING LIFE) WELLST	D OF BUSINESS OR
	USU	ALRESIDENCE IN MARCHO MONTO	OTHER INSTITUTION, GIVE RESID	OITH COM DENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /		19999
To the second	_	THER'S NAME FIRST	MIDDLE O	TSBURGH LAST	YES NO 15. MOTHER'S MAIDEN N		DRIVE	15028
1		LOUIS AL VAS DECEASED EVER IN U.S. AF YES, NO ORUNKNOWN) (1F YES, GI		CIAL SECURITY NO.	MAUDE 17. INFORMANT	ADDRES		STOCK GE WAY
	-	NO N	IONE 140	3-05-3804	CYNTHIA BALL		THERSBURG,	
Man physics of the second of t		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (a) Mel	aslatic	Cescured	lumin	6 3	who
death death death other, o	100	Conditions, if any, which gave rise to immediate	DUE TO, OUS AC	rentuf	Dadm.	esentery		
That A way the second or other		cause (a), stating the underlying cause last.	1 Ones	onsequence of	serioid t	uma Salet	enel ?	3 whs.
NEDS, 2 requires requires Then p or to bur	NOL	PART 2. OTHER SIGNIFICANT						
AL RECO	CERTIFICATION	5 16 85	allor	noak pr	in I distes	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [SES OF DEATH?
CEAN.	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCL	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)
K C C PHYS C PHY	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI (AT HOME STREET, FACTO		211. LOCATION STREET	CITY OR TOW	n county	STATE
TENDIN Mel or TOR, At		220.1 certify that (this hasp sow the deceased alive or	6/5	19_\$5	nd that in (=+) (our) apinio	n death occurred on the dat	e and hour and from	, that w (we) last the causes stated
The hosp At the best of the be		22b. SIGNATURE	wiew the Bady after dec	aul	ATTENDING	MEDICAL STAFF		ATE SIGNID
HOSPITA TUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA PUNERA	1	22d PHYSICH S NAME (THE		77	22e ADDRESS			363
010000	23a. i	BURIAŁ, CREMATION, REMOVAI	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	CITY OR TOWN	BETHESDA,	STATE
M 4 BP7/	24 F	BURIAL UNERAL DIRECTOR	JUNE 7, 19	83 Mr. Let	BANON CEMETE	YM PITTS BURGH ATT REC'D. BY REGISTRAN 2	HUEGOLY CO	
(VRA 15, 4)	CH	HAMBERS FINELS	m_ Home &	ADDRESS CPOIN	- MD JI	UN 1 2 1985	Loudent	-Handello !

STATE OF MARYLAND

7719

" ha Baidson Rander

		FOR				MEMI OF HI		ALEME AND TO	3		
05		REGISTRAR			DEI ARTE		EALTH AND MENTAL HYO ICATE OF DEATH	REG. N	10		*
		CEASED NAME	FIRST		MIDDLE	LA	AST	2a. DATE OF DEATH		AY YEAR	2b. HOUR
0	(TYPE	OR PRINT)	Jean	S	haw	Mu	rray	June	24. 19	985	11:00 AN
الحا)	3 SE	X		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	F	emale		White		Sept	. 10 1926	58	YRS.	ONTHS DAYS	HOURS MIN.
117		RTHPLACE (STATE OR			WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
		ashington			5.A.	WIDOWE		Montgon			MD
00	0.00	ensington	AIH	(IF NOT IN SUC	CHEACILITY, GIVE STREET O E. Bexh	ADDRESS)	r other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Publisher	ION OF WORKING LIFE	of Wa	Social Social
3		AL RESIDENCE (IF NUR	13b COUN		130. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
البيط	-	ryland	Montg	omery	Kensingt		YES NO	9620 E Bes	chill	20895	
00	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LA	ST
U		John		F	Shaw		Carolyn			Hagne	er
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT	ADDRI			
		No			218-24-6		Thomas J Mu	rray. Same a	as item		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one cause per D BY:	r line for (a), (b), and	90-0	hower	O. so			MATE INTERVAL ONSET AND DEATH
her traumatic ev		Canditions, if any gave rise to im- cause (a), statu	, which mediate ng the	DUE TO, O	DR AS A CONSEQUE	ENCE OF				Q	wishi
other	TION	gave rise to improve the cause (a), static underlying cause PART 2 OTHER SIGN	, which mediate no the last.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O CO ONDITIONS CO	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINALDISEASE OR CON		EN IN PART 1	
2	TIFICATION	gave rise to imicause (a), statu underlying cause	, which mediate no the last.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O CO ONDITIONS CO	OR AS A CONSEQUE	ENCE OF		0	20h IF YES, IN CERTIFY		NGS USED
2	CAL CERTIFICATION	gave rise to improve the cause (a), static underlying cause PART 2 OTHER SIGN	, which mediate mediate mediate mediate. The mediate mediate. The mediate medi	DUE TO, O DUE TO, O CO ONDITIONS CO 19b COND 21b TIME C HOUR A.	OR AS A CONSEQUE ON TRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY	ENCE OF DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{V} \) NO \(\text{X} \)	20b IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
Irem 18 shows only injury, or other	MEDICAL CERTIFICATION	gave rise to improve the cause (a), stating underlying cause PART 2 OTJER SIGNATION OF CONTRIBUTING (IF EITHER, NOTIFY MEDICAL COURT OF CO	, which mediate no the second	DUE TO, O ONDITIONS CO ONDITIONS CO THE CONDITION CO THE CONDITION CO ONDITION	OR AS A CONSEQUE ON TRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DA	ENCE OF ENCE OF DEATH BUT IT OPERATION AY YEAR 19	NOT RELATED TO THE TERM PURCH WAS PERFORMED	MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{V} \) NOX	20h IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH?
Item 18 shows any injury, ar ather t		gave rise to improve the cause (a), stating underlying cause PART 2 OTJER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI AT WORK NOT WAT IT WORK 22a. Lecrify that (1) saw the deceas	, which mediate gray the last. WIFICANT COLORS OF DEA INCAL EXAMINER RED WHILE COLOR	DUE TO, O (c) DUE TO, O (c) ONDITIONS CO 19b COND 21b TIME C HOUR A. P. 21e PLACE (AT HOME, STI	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO DEPOSITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	ENCE OF ENCE OF OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM TO THE TERM WAS PERFORMED 216 HOW INJURY OCCUR	VINAL DISEASE OR CON 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO	20b IF YES, IN CERTIFY YES ARY IN ITEM 18 PA	WERE FINDI	NGS USED OF DEATH? NO STATE
: If Hem 21 is marked or Item 18 shows any injury, ar ather 1		gave rise to improve the cause (a), stating underlying cause PART 2 OT/ER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d INJURY OCCUR WHILE AT WORK AT WOOK AT WORK Sow the decease above. (1) (we) (2)	, which mediate ng the last. NIFICANT CONTROL OF THE	DUE TO, O (b) DUE TO, O (c) ONDITIONS C: 19b COND 21b TIME C HOUR A. P. 21e PLACE (AT HOME, STI	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO DEPOSITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	ENCE OF ENCE OF OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM PURCH 210 HOW INJURY OCCUR 211 LOCATION STREET d that in (my) Hoor apinian DEGREE	VINAL DISEASE OR CON 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO	20b IF YES, IN CERTIFY YES ARY IN ITEM 18 PA	WERE FINDI VING CAUSES COUNTY OP 85 and from the	NGS USED OF DEATH? NO STATE
Irem 18 shows only injury, or other	MEDICAL	gave rise to improve the couse (a), stating underlying cause PART 2 OT ER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d INJURY (AT WORK) AT WORK NOTIFY MED) 22a.1 certify that (1) saw the decease above, (1) (we) (c) The PHYSICIAN'S N. Wesley	MMEDIAT which mediate no get the selection of the select	DUE TO, O DUE TO, O CO ONDITIONS CO 19b COND 19b COND 19b COND 21b TIME CO HOUR A. P. 21c PLACE (AT HOME, STI NOT ottended the cond of the cond	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E ONTRIBUTING	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM PURCH 210 HOW INJURY OCCUR 211 LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 ADDRESS 3301 New Mex	WINAL DISEASE OR CON 200 AUTOPSY? YES NOW CITY OR TO death accurred on the di MEDICAL STAL DIRECTOR PHYSIC	20b IF YES, IN CERTIFY YES ARY IN ITEM 18 PA	WERE FINDI (YING CAUSES) (COUNTY) and fram the	STATE that (I) (m) last causes stated SIGNED 24, 198
29	WEDICAL MEDICAL	gave rise to improve the couse (a), stating underlying couse PART 2 OTHER SIGNATURE 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHEY MED) 21d INJURY OCCUR WHILE NOTHEY MED) 22a.1 certify that (1) saw the deceas above; (1) (we) (1)	MMEDIAT which mediate no get the selection of the select	DUE TO, O DUE TO, O CO ONDITIONS CO 19b COND 19b COND 19b COND 21b TIME CO HOUR A. P. 21c PLACE (AT HOME, STI NOT ottended the cond of the cond	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH OF INJURY REET, FACTORY, OFFICE, F OF deceased from 19 23c	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM PURCH 21c HOW INJURY OCCUR 211 LOCATION STREET 21 that in (my) Hoor) apinian DEGREE ATTENDING PHYSICIAN [22c ADDRESS	ZDB AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO MEDICAL STAI DIRECTOR PHYSIC 23d LOCATION	20b IF YES, IN CERTIFY YES REY IN ITEM 18 PA OWN ate and hour FF IAN N.W.,	WERE FINDI (YING CAUSES) (COUNTY) and fram the	STATE that (II) (me) last causes stated SIGNED 244, 198

F 41 295 47 3005	- Juin	r (3000)		
	1, 10 1986		41.1d	01
grano tao i	X		.u .o.o	
filedi od iliani so goldtica				not an image
delos titudos cita		col-microsi,	V11/10/2001	41 TT
Total International	July	wat?		01.01
wray, two as that li.	Talana J. J.	anne vom		C
				Ep-4
dens 4, 2				
# 100 Formation, # 1.00		*	. ,	%of===
Colored Pilmion, in inie		.on Laro e'e	10867	

/	1			STA	TE OF MARYLAND		my y 10 10
171018内		FOR - STATE			HEALTH AND MENTAL HYC	SIENE 5	1120
TITOTOIL	- 1	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.	
		DECEASED NAME FIR	EULAINE	MIDDLE	NAIDEN	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
oy be deoth deoth	1	SYPE OR PRINT)	INE	Ma	100	(0-	13-85 25AM
pog pog	3.	SEX FEMALE		HITE 5. DAT	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
office.		remue	0 "	WO WO		104	MONTHS DAYS HOURS MIN.
direction 1	5 70	BIRTHPLACE (STATE OR FOREIG	N 25 CITIZENI OE	WHAT COUNTRY? 8	1 28 20	9 BALTIMORE CITY OR COUNT	LY OF DEATH
th. Tolo	51"	COUNTRY)		MARE	RIED NEVER MARRIED		
deo deo	10	MONTANA CITY OR TOWN OF DEATH		S.A. WIDO		MONTGOMERY 17a USUAL OCCUPATION	
the fi	7		(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING	
by file		BETHESDA		JRBAN HOSPITA		MEDICAL DOCTO	R HUSPITAL
Ella Page	30 10	SUAL RESIDENCE (# NURSING HE STATE 136	COUNTY	136. CITY OR TOWN ROCKVILLE	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	DE
さい 単語 一種			ONTGOMERY	ROCKVILLE	YES NO X	6107 ROSELAND	DRIVE 20852
arine 2 st	14	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	TAST
and molecular way	2	EDD	F.	HELMERS	MARIE	MIDDLE	SCHRÖEDER
# 1 0 s 0	16	WAS DECEASED EVER IN U		166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRINGSO	N, ARIZONA 85705
Poge medi		(YES, NO OR UNKNOWN) (IF	WWII	519-18-388	3 LOIS HUMPHR	EY, SISTER, 4243 N	. LIMBERLOFT PL.
the sers.	-	18 CAUSE OF DEATH (Er		line lor (a) (b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys pop mover rent,		PART I. DE ATH WAS C	AUSED BY:	Cudward	mm am a	meet	45 martin
Z SI		IMM	EDIATE CAUSE (o)	0.0.00	1		100000
PRESTON ne deoth emove cort motion, or r troumotic	1	Conditions if you by	DUE TO, O	R AS A CONSECUENCE OF	a. dill	tu	45te
and the de	Э.	Conditions, if ony, whi gove rise to immedia	ote \	404	an choice	0.44	10
* * * * * * * * * * * * * * * * * * *		couse (a), stating to underlying couse la		R AS A CONSEQUENCE OF	V1.0	and t	2 lorus
201 Les the		The second second	_ ((c)	100-0	mounded	- Josephin	
			ANT CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	ATMAL SE OR CONDITION G	IVEN IN PART To
PLLA. PLLA. ING PHYSICIAN The low requir contending physicion. Wher this certificate has been signs the buriol-tronsit permit. Then the hord Mental Hygiene prior to be orked or Item. 8 shows any injury	7	190 DATE OF OPERATION	19h COND	ITION FOR WHICH OPERAT	IONI WAS DEDECRASED	200 AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
So born out	7	DATE OF OFERATION	170 COND	INDIVIOR WINCH OF ERAI	ION WAS FERI ORMED	IN CERT	IFYING CAUSES OF DEATH?
A die he die he		21a, ACCIDENT WAS UNDERLYE	NG 71b. TIME O	SE (N. II IDV	Tale How the Heavy occurs		YES NO
AN Shys	77	. OR CONTRIBUTING TO CAUSE		M. MONTH DAY YEA		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
ON OF YSICIA ding pl s certif s certif S certif Mentol		(IF EITHER, NOTIFY MEDICAL EX					
PHY PHY this of M		21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
NG NG Offer of the orke		WHILE NOT WHILE [- 1			
ND - OF SERVICE A SERVICE		220. F certify the (this	hospital) attended th		. 19.5	to	, 19, that (I) (we) lost
TTE porto		above the decessed of	did not view the body	ofter death.	in (my) (our) opinion	death occurred on the date and ha	our and from the couses stated
hos hos ept.		276 SIGNATURE	01.	211	DEGRE		22c. DATE SIGNED
the the Date Date Date Date Date Date Date Dat	/	dam	707	oldlying	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/13/10
HOSPIT, ined by FUNER, old be d		224 PHYSICIAN'S NAME	(TYPE OR PRINT)	1	27e ADDRESS	1 0	
		Samuel	106	aldhera M	11125 Pu	ckville like	booken by Ma
0 % 0 % M	2	o. BURIAL, CREMATION, REM	OVAL 23b. DATE	123¢ NAME OF	CEMETERY OR CREMATORY	123d LOCATION	7.00
BP.	1	CREMATION			OLITAN CREMA		DRIA. VA. STATE
Dr	74	FUNERAL DIRECTOR RI				TE REC'D. BY REGISTRAR 256. REGIS	
DHMH - 16 50M 4/83	1	1804 T ST.			1009 J	1111 1 0 1 11	Lavida D.
(VRA 15, 4)		1804 1 51.	, N . W . , WA	JII., D. C. 20	000	1303	William Branda pa

Claight .4.6.17 To be offer in \$120, 327, 12, Tare then choi In allegated the the sales and an envilored of Cheer Arth Residence to Parallella

BALTIMORE

	Ì	-	FOR STATE REGISTRAR
Ī	D	EC	EASED NAME

Female.

Bethesda

Richard

Texas

Texas

14 FATHER'S NAME

no

TYPE OR PRINTI

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20. DATE OF DEATH MONTH MIDDLE 7h HOUR June 17, 1985 Marie Nash 1:24 Agnes 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 4 RACE September 22, 1923 White 61 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Montgomery County USA WIDOWED DIVORCED 12n USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH NIH, The Clinical Center Housewife USUAL RESIDENCE (IF NURSING HO 13e.STREET ADDRESS / ZIP CODE 2207 West Houston 13c. CITY OR TOWN Jasper YES X 15. MOTHER'S MAIDEN NAME Sheffield Allen Dittie Mae 16b. SOCIAL SECURITY NO 17 INFORMANT 456-12-4982 Mr. Leslie Nash (Husband)

	lly one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSE	DBY: TECAUSE(o) Metastatic pancreatic carcinoma	
Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF (b) Multiple adhesions with bowel obstruction (c) DUE TO, OR AS A CONSEQUENCE OF	
underlying couse lost	(c)	
PART 2 OTHER SIGNIFICANT (conditions <u>contributing to death</u> but not related to the terminal disease or condition give	N IN PART TO
DATE OF OPERATION	THE CONDITION FOR WHICH OPERATION WAS REDECRATED 280 AUTORSV2 286 IF VES	WERE FINDINGS LISED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE FARM ETC.)

211. LOCATION

CITY OR TOWN

IN CERTIFYING CAUSES OF DEATH?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)

COUNTY

STATE

and that in (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN National Institutes of Health

June

Bethesda, Maryland 20205 23d LOCATION

Jasner

STATE Texas

DHMH - 16 50M 4/83 (VRA 15, 4)

6-19-85 Forest Oaks F/H Marshall's Funeral Home 4217 9th St NW: Washington, D.C.

23b. DATE

eacock

22a I certify that X (this hospital) attended the deceased from sow the deceosed olive on June 17 obove X (we) (did) XXXxt) yes the body after death

(SPEC'R'emoval

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND 179022 DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Mitchell Lee Nealon DEATH MATED 6 1985 I. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 8:06A 8 DEAD 1985 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND WIDOWED DIVORCED Montgomery County BE FILED. ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Suburban Hospital BIDY Bethesda WORK SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MONTISOHER DICKERSON RUNDLE RDAI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST JACK NEALON INKNOWN ADDRESS 506 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) JOHN MT. AIRY CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which BURIAL - TR-11 gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In ED AS A F BE USED NT OF HE BURIAL, 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DIVISION OF VITAL YES X NO [TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER LEATH WITH THE STATE DEPARTMENT BALLIWORE, MARY JAND, 21201 PRIOR TO BU 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING TOOR HOUR A.M. MONTH DAY YEAR Driver in auto/van impact CONTRIBUTING CAUSE OF DEATH 6:53 MXX 17 19 85 6 THE PLACE OF INJURY LATHOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK road River & Beale Mountain Rds, Germantown, Mont, MD 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident X death resulted from Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant 6/17/85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23¢. NAME OF CEMETERY ONOCACY BEALLSVILLE MONTE. 07/84 25M 24. FUNERAL DIRECTOR ADDRESS 2211 BEALLSVILLE BL BY REGISTRAR **DHMH - 17** (VR A15 ME (5))

TT SE (A) A W A CASE BERNELLE NO. X STRUCKET SECURIOR DA NO LINE THE PROPERTY OF THE ALL AND AL Process of the first of the second of the second

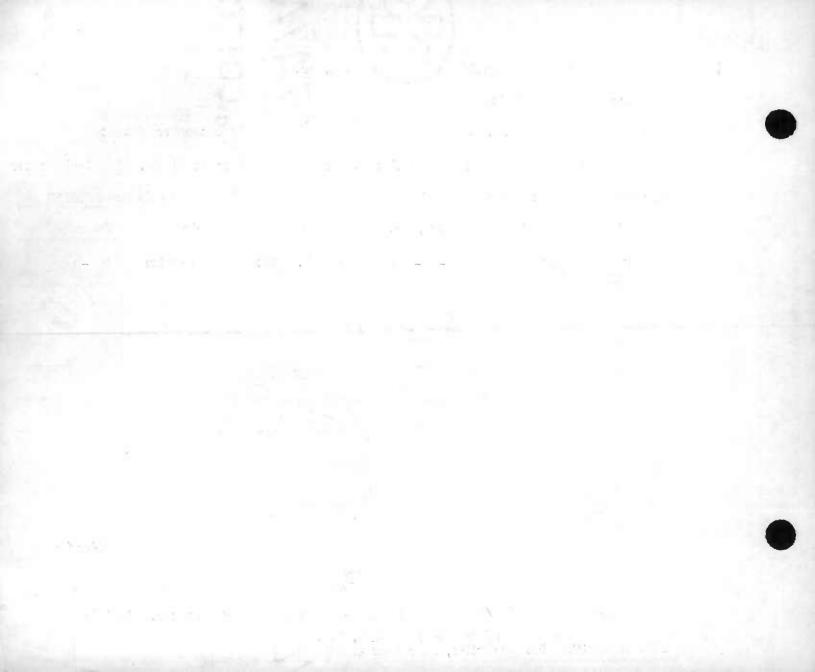
177109		FOR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG	IFNED S	7723
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e ct	(TYPE	^{ORPRINT)} Jeanne	tte Harmon N	Vicholson	June 19	, 1985 9:30am
moy . pos	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ctor s of		Female	Caucasian	Oct. 21, 1910	74 YF	RS.
10 mg 26		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	
	Ma	ryland	United States	WIDOWED (X) DIVORCED	Montgomery	
In the second	Ro	TY OR TOWN OF DEATH	Potomac Valle	y Nursing Home	17g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	126. KIND OF BUSINESS OR INDUSTRY Own Home
AND 212 filled in ould be t	13a. S	TATE 136. COL	or other institution, give residence before JNTY 13a CITY OR TOW tgomery SilverS	pringres \(\text{NSIDE CITY LIMITS?} \)		ode rmo Drive/2090
MARYLAND Maryland	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	TAST
* (((((((((((((((((((Fred	Harmon	Cora		Huffman
IMORE.	16a V	VAS DECEASED EVER IN U.S. A (\$5 NO OR UNKNOWN) (IF YES, C		3003 Hubert L.	Nicholson, s	
BALT BALT Sole 1 Spent self		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per line for (a), (b), on	dicity C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 1921			ATE CAUSE (a)	of parme		y
on the confirmation of the			DUE TO, OR AS A CONSEQUE	ACC HDJA	ITUD	yes
A dec	1	Conditions, if any, which gave rise to immediate	(b)/	1/1/2000		1
W.P		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
S, 201 gned en plec buriol	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART 110
ORD redu	CERTIFICATION	19a DATE OF OPERATION	1194 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	YES, WERE FINDINGS USED
n. n. prios bee	FIG	DATE OF OFERATION	The Condition Tox William	OTENATION WASTERIORNED		RTIFYING CAUSES OF DEATH?
VITAL (N: The hysicio construction of the hygie of the h	ERT	21a. ACCIDENT WAS UNDERTYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM	
SION OF VIII PHYSICIAN: ending physicians this certificat the buriol-tran and Mental Hy d or Item 8 Hy		OR CONTRIBUTING CAUSE OF D		AY YEAR		
HYSIC ading as cert burial Ments or Item	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
IVIS offer the street of the s	Σ	MHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	- 6 70	1 1 10	al.
VDIN Lor Seolel	00		ottended the deceased from_	19 /		, 19, that (I) (we) lost
R ATTEI hospito RECTO red for em 21			on June 19 19 19 19 19 19 19 19 19 19 19 19 19		death accurred on the date and	hour and from the couses stated
the Dorth The District The Dist		27h SICNATURE	Soir	DEGREE ATTENDING PHYSICIAN []	MEDICAL STAFF	122. DATESIGNED
TO HOSPITAL retoined by th TO FUNERAL should be dete with the State		MA PHYSICIAN'S NAME CLYPT	SAIA M	220 ADDRESS 809 VIER	S MILL AND E	Exerting 1 MS
of Share Share	23n F	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	0
8P		Burial	June	rklawn Mem. Par	CITY OR TOWN	. Maryland
DHMH - 16 50M 4/83	24. F		rt A. Pumphrey	Eumoral 250 DAT	E REC'D. BY REGISTRAR 25% RE	
(VRA 15, 4)	H		ockville, Mary	land 20850 JUN	24 1985 gina	

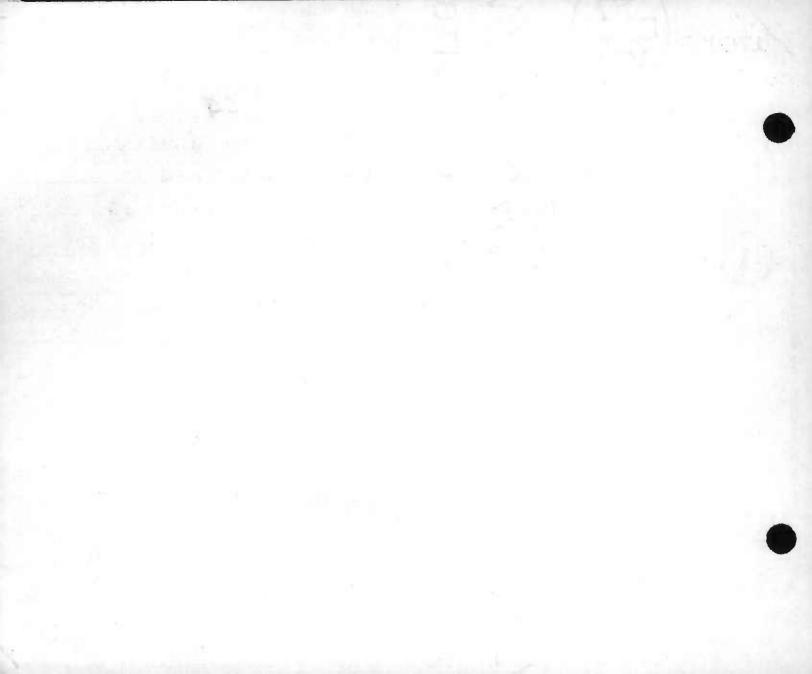
				5	TATE OF MARYLAN	ID			9 (3)	A
AOFOFF	1	FOR STATE			OF HEALTH AND MI		NB 5	1/	16	4
165055		REGISTRAR		CEI	TIFICATE OF DE	ATH	REG. NO	o .		4
		ECEASED NAME FIRST	٨	MIDDLE	LAST	1	0. DATE OF DEATH	MONTH OAY	YEAR 21	HOUR
poge 3	100	PE OR PRINT) CONY	AA ,	A.	Nix	Sr.	. 1.	ine 16	0.1985	6:30Pm
no se	3. 5		4. RACE	5. D.	TE OF BIRTH		AGE (IN YEARS LAST BIR			UNDER 24 HRS
10 1 24		VI 1-	T.17. 2 A		ONTH DAY	YEAR	DO		NTHS DAYS H	OURS MIN.
irec	1	Tale	Whit		20	06	119	YRS.		
7 20 F	/0.	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	RRIED X NEVERMA	ARRIED 7	BALTIMORE CITY O	R COUNTY O	FDEATH	
deo de de o		ashington, DC				DRCED 🗌	Montg	OMER	1	MD.
in the feather than the	10	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HO			2a. USUAL OCCUPATION OF WORK FOR MOST O		126. KIND OF E	USINESS OR
by the	1	Wheaton	Maiver	ity Convale	1- 11				d Fed.	Govt.
12 0 0 12	U5	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	OTHER INSTITUTION	N GIVE RESIDENCE BEFORE ADMIS	ION)			. 7.0 0000	Apt. 6	08
hin 24 h			omery	Silver Spri	ng yes K	V LIMITS?	3e.STREET ADDRESS / 121 Univer	Sity B		
RYLA Within Betely f d 2 sho	4	FATHER'S NAME	onery	TOTIVET OPT	15. MOTHER'S A			orey D.	2.000 110	20702
AR AR	/	FIRST	MIDDLE	LAST	FIR	RST	MIDDLE		Jor	J
E, MARYLA coupered within completely it I and 2 shi	4	Theodore	WED FORCES	Nix	Anı		Mari		J01	don
MORE,	160		E WAR OR DATES)	16b SOCIAL SECURITY N					2 -	
BALTIMORE, MARYLAND cote be executed within 24 ysicion and completely fille volers. Pages 1 and 2 should vol. tt, the medical exammer mus		N/A	N/A	217-52-7700	Eola B.	Nix-wi	fe- (same	as 13e)	
SAL ote		18 CAUSE OF DEATH (Enter or	ly one couse pe	r line for (a), (b), and (c).1	0 1				APPROXIMA BETWEEN ONS	TE INTERVAL
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	(Arcino	na ot /	und				
ON S ding orbo		MIMIEDIA		OR AS A CONSCIOUSNICE	\F	6				
W. PRESTON ST., of the deoth certification of the ottending place remove corbon for remotion, or		Conditions, if ony, which	(OR AS A CONSEQUENCE)F					
PRE de		gove rise to immediate	(6)							
W. thought the boy the see re-		couse (a), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEQUENCE)F				10/21/16	
201 s the ed b pleo riol,			(c)_							
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the rottending physicion. Wher this certificate has been signed be as the buriol-tronsit permit. Then plead the and Amental Hygiene prior to buriol, the ond Amental Hygiene prior to buriol, orked or them 18 shows any injury, or orked or them 18 shows any injury, or	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH	BUI NOT RELATED TO	O THE TERMIN	IAL DISEASE OR CONI	DITION GIVEN	IN PART To	
ORG ORG	FICATION	190 DATE OF OPERATION	Tink CONIC	NAME OF THE OWNER OWN	YION WAS DEBEOR	.50	Les AUXORGYS	Teal of MEC 1	VEDE EN IONIO	
low low		190 DATE OF OPERATION	195 CONL	DITION FOR WHICH OPER	ITION WAS PERFOR	MED	200 AUTOPSY?	IN CERTIFYIN	VERE FINDING	DEATH?
TAL The cion cion sit p							YES NOX	YES [NO 🗆
VIT NASi	7 5	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1 110110 4	OF INJURY I.M. MONTH DAY Y	AR 21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
SICIA Brownia planting plantin	18	(IF EITHER NOTIFY MEDICAL EXAMINE		2.M.	19					
HYS ndin his o but o l	MEDICAL	21d. INJURY OCCURRED		OF INJURY	211 LOCATION	1	CITY OF TO	wN	COUNTY	STATE
VIS G P orter t one	×	AT WORK AT WORK	(A) HOME, S	IREET, PACTORY, OFFICE, PARM ET) SINCE!		CIII ON 10			JINIL
Aft of the more		22a I certify that (I) (this hosp	tol) ottended t	he deceased from	73VZ9	19.55	10 June	10 10	95 , the	t the(we) lost
M S S S S S S S S S S S S S S S S S S S		sow the deceased alive or	June	10 1985	ond that in (my) (a		oth accurred on the do			
NR ATT hospin IRECTG hed fo ept. of tem 2		obove, (I) (we) (did) (did no	t) view the bod	y ofter death.	DEGREE				122c. DATE SIG	
0 0 0 0 0		V8- 063	. 1.	111		TENDING	MEDICAL STAF	:F	11	
HOSPITAL ined by th FUNERAL wold be deto wh the Stote	2	724 PHYSICIAN'S NAME (TYPE)	saks	hous, H.		YSICIAN W	DIRECTOR PHYSIC	IAN []	JUNE	0, 1985
OSP ed b d be d be RTA		22d. PHYSICIAN'S NAME (TYPE	PRINT)	1 . (/	22e. ADDRESS	345	UMIV. B	Ivd.	W	
TO HOSPIT. TO FUNER, should be a with the Str		Kaymond D	radsi	(dw, MD)		ilver.	Spring	Ma	20901	
T s x x	230	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME	of CEMETERY OR CR	EMATORY	2d LOCATION	wine M	mat come	- M.
BP	1	(SPB Wrial	June .	14, 1985 Ga	e or Heave	en	Silverwsp	Ting M	ontgome	ry signed.
DHMH - 16 50M 4/83		FUNERAL DIRECTOR		11800 N.H.	Ave	250. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUR	E
(VRA 15, 4)	H	ines Rinaldi Fu	neral Ho	1 ma	ring, Md.	1111	N'1'S mos	della. A	riud and Th	andam
				DITACT	Tarres Title					

Carried A Contract Contract of the Contract of enter a si esta esta in pier de l'este de THE PARTY OF THE P William Continued and C. Villeys of the St. Co. of the Co. of

(VRA 15, 4)

STATE OF MARYLAND





172029

		11010111111					KEG. N	10.		
		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
± 3	(TYP)	OR PRINT) Winifr	red D.		Owens		June	10.	1985	6:30 p.
d 90 90	3. SE		4 RACE		S. DATE OF BIRTH		6 AGE (IN YEARS LAST BI	-	IF UNDER 1 YEAR	IF UNDER 24 HRS
fter f	J. 5E				MONTH [DAY YEAR	AOL (INTERNSTASTOR	KIIIDAII	MONTHS DAYS	HOURS MIN.
ge	,	Female	White		March 2	5, 1914	71	YRS.		
p p of		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?		VEB ABBIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
4 2 2 2 P		est Virginia	USA		WIDOWED X	DIVORCED [Montgome	7777		
ab com		ITY OR TOWN OF DEATH	11. NAME OF HOSPI				120 USUAL OCCUPAT		12h KIND C	OF BUSINESS OR
the day	1		LIF NOT IN SUCH FACIL	ITY, GIVE STREET AD	DRESS]	(11 3 111 3 11 3 11 3 11 3 11 3 11 3 1	(TYPE OF WORK FOR MOST		LIFE) INDUSTRY	
\$ 30 E	100	Bethesda		dowlark			CPA		Acco	unting
hou hou		AL RESIDENCE (IF NURSING HOME OF		ESIDENCE BEFORE A		IDE CITY LIMITS?	13e.STREET ADDRESS	/ 719 COI	DE	
22 all all all all all all all all all a	100.			ethesda			8517 Mea			20817
	14. F.	ATHER'S NAME	000000			HER'S MAIDEN NA		a o w alc	1211 2000/	
13.18 16/	17.	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	ST.
38 13/4/C	1	Arthur		avenpor		Eliza			Sapping	ton
1		VAS DECEASED EVER IN U.S. AR		SOCIAL SECUR	TY NO. 17 INFO	DRMANT	ADDR	ESS		
000	1	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	16-03-1	359 Joi	hn Davenn	ort, 11685	N.Sho	ore Dr.R	eston.
e be	=					Davonp	010, 1100)	210022	APPROX	MATE INTERVAL
cote pysic pyol pyol		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily one couse per line to DBY:	or (o), (b), opd	1.	EIL				ONSET AND DEATH
on p ewe			TE CAUSE (o)	140	Antec	- lacke	ue		100	which
ding orb			DUE TO, OR AS A	CONSEQUEN	CEOF _	0 11	0			
eotl Hen On, on,		Conditions, if ony, which	(,,)		Molas	Value	ancer)	16 h	unche
e d mo noti		gove rise to immediate	(6)		77	^				
the recorder the there		couse (a), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUEN	ICE OF	1	Ca	,	12.	
d by eose ol, cr		anderlying coose last.	(c)		180	es	uncon		245	ears
n plane		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
The The	CERTIFICATION	Palmonary Emphysemal								
T o int	1 =	19a DATE OF OPERATION	196 CONDITION	FOR WHICH C	PERATION WAS	ERFORMED	20 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
os lo os lo ws o	문								TIFYING CAUSES	
The Cior	E		7 7005 05 100	101	101 115		YES NO X		YES 🗌	NO 🗌
hys H		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- 1		YEAR ZIC HC	OW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	8 PART (OR PART 2)	
SICIA Pg P Certif Certi	¥	(IF EITHER, NOTIFY MEDICAL EXAMINER	AIH		19					
ding ding A	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN.			CATION				
d the	Ž	WHILE NOT WHILE	(AT HOME, STREET, FAC	CTORY, OFFICE, FAR	M, ETC)	STREET	CITY OR TO	DWN	COUNTY	STATE
In ork		AT WORK AT WORK				Va				
N S S S S S S S S S S S S S S S S S S S		22a I certify that (1) (this hasp	つ 丁.	20	Jani	194		me.	., 19.60,	that (I) (we) los
Prince Pr		sow the deceased alive on above, (1) (we) (did) (did no	t) view the hody ofter	death	, and that in	(my) (oom opinion	death occurred on the o	dote and he	our and from the	couses stated
hos hos pt em		22b. SIGNATURE			DEGREE				22c DATE	SIGNED
The Doctor		(1)2000	112	10/	141	ATTENDING	MEDICAL STA		1.1	5/0/
N de de A	1	22d. PHYSICIAN'S NAME (TYPE C	- C. (15a	NRUL	22e AD		DIRECTOR PHYSI	CIAN	0/1	0/02
HOSPITA ined by FUNERA wild be de hithe Stot		220. PHISICIAN SINAME (TYPE C	JR PRINT)						10000	
		Thomas C. H	avell		4:	201 Cathe	dral Ave, NW	. Was	shington	.DC
5 5 5 8 8 4	23a	BURIAL CREMATION REMOVAL		23c NA		OR CREMATORY	23d LOCATION			
0.0		Cremation	6/12/85			n Cremato	CITY OR TOWN	tuoni	LOUNTY T	STATE Days
BP	-	OI CING CLOIL					-		d, Maryl	
DHMH - 16 60M 7/84	24_F	NERAL DIRECTOR Josep	n Gawler's	Sons,	Inc.	25a DA	TE REC'D. BY REGISTRAF	25b. REG 1	STRAR'S SIGNAT	URE
(VRA 15, 4)	51	30 Wisconsin Av	e, NW, Washi	ngton, D	C 20016	1104	A 1005 6	Dois	dam Band	all

STATE OF MARYLAND

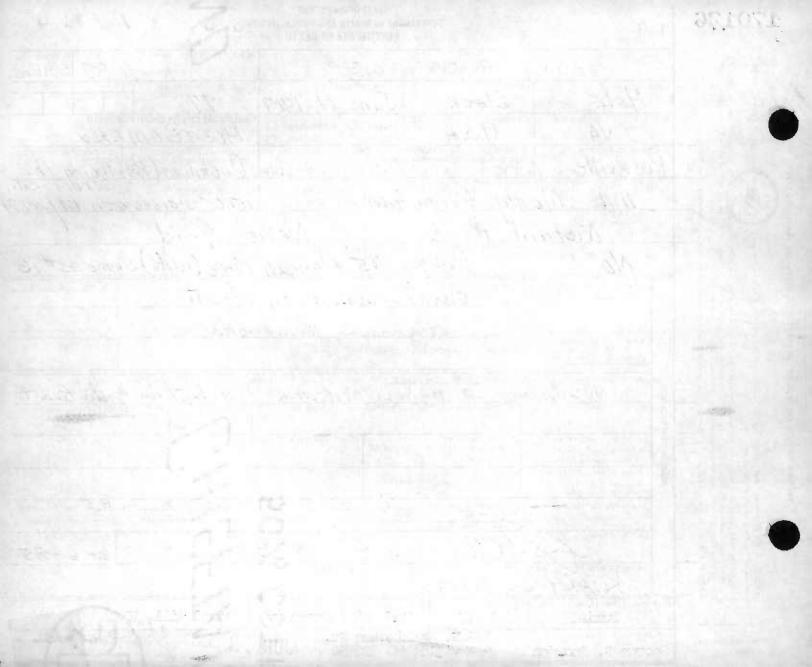
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱 CERTIFICATE OF DEATH

> 26 HOUR 6:30 pm IF UNDER 24 HRS HOURS

Dr, Reston, VA

umma 10, 1995 6:70 p	meno	Serf. in "	
	42		
year and dain			- dv 400
en l'anticor kilo			
Che P. al Windows View		Tananaan I	
			*## Se
ore, like H. sacen fe, later, M	per name occupation		
A SAME AND A STATE OF THE SAME			
		pure set that you see	
M. refpoint			

170126	1 -	FOR STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		7/28
nay be page 3		EASED NAME FIRST HENT	y Reio	Page	REG. NO.	DAY YEAR 26. HOUR 5:41 AM
age 4 may	3. SEX	MALE	B/ACK	5. DATE OF BIRTH JUNE 24, 190	6. AGE (IN YEARS LAST BIRTHOAY) 7 7 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Pour 72 hour 72 ho	C	DUNTRY) VA	76. CITIZEN OF WHAT COU	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED [MERY MD.
motified	R	ockville	Shady Gro	ive Haventist Hospi	120 USUAL OCCUPATION (TYPIC) WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN. ING PHYSICIAN: The law requires that the death certificate be executed after the cartificate has been signed by the attending physician and campine. Ultimothy as the buriol-stransit permit. Then please remove carbon papers. Pages 1 and 2 should be lift and Mental Hygiene prior to buriol, cremation, or removal. orked or Item 18 shows any injury, or other traumatic event, the medical examiner must be made or them.	13a. S	Md. 110	TY STITUTION GIVE RESIDENCE TY OF CONTROL OF THE	Nantown 13d. Inside City Limits?	15005 Darnes	stown Rd 12087
omplem 1 ond 2.4		Nichai	d Page	ST 15. MOTHER'S MAIDEN I	Vie Reid	LAST
be execution and c		AS DECEASED EVER IN U.S. ARA	EWAR OR DATES)	40-1865 HANNA	() / ()	SAME A5# 13
ST., BAL errificate ig physici pan paper removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT	y one couse per line for (a), D BY: E CAUSE (a)	desepulmonary	anest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death c death c ottendin nove cork ation, or		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CON	SEQUENCE OF ROME	orshage	
that the d by the lease remain, cremo		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF		
PRDS, 20	NOIL	1. Ayperton	200 2. E	g to DEATH BUT NOT RELATED TO THE TE	3. arrhyttmia	of the beart
At RECC The law cian. e has be sit permit hows on)	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	YES NO IN CER	YES WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
A OF VITAL SICIAN: The physician of physician certificate heroil Hygier enter 18 shape.	MEDICAL CE	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	H DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)
NG PHY offer this os the bu th and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI spiral or CTOR: A I for use of Healt		22a I certify that (1) (this boys saw the deceased alive an above, (1) (we) (did) (did not	6-5	33 /	s, to to to to to to to	_, 19 S S, that (I) (we) last our and from the causes stated
TAL OR y the hor start DIRE detached that Dept hate Dept NT. If then		22b. SIGNATURE	· Cain	M DEGREE ATTENDING PHYSICIAN		6-6-85
O HOSPITAL etained by 11 TO FUNERAL should be det with the State MAPORTANT.		22d. PHYSICIAN'S NUME (1111 O	S. KIM	22e ADDRESS		
BP	(\$	URIAL, CREMATION, REMOVAL Burial	23b. DATE 6-10-85	Rock Hill Cemeter	y Round Hill,	manufacture ()
DHMH - 16 50M 4/B2		NERAL DIRECTOR NAME Orge R. Snowden			ATERECO BY REGISTRAR 251 REGI	STRANGE SIGNANDIANCE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CER REGISTRAR L DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED IF LINDER 1 YR. DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 24 HRS DATE PRONOUNCED DEAD 7a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN Maryland MARRIED NEVER MARRIED USA DIVORCED OR INDUSTRY D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME FOR MOST OF WORKING LIFE)
Climber Tree 2090 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 EATHER'S NAME MIDDLE MIDDLE LAST Harvey Painter Martha. Frowe 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) 229-30-7705 Harvey L. Painter same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BE USED AS A BURIAL - TRANSIT PERMITOR HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CT TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE I AFIER DEATH, WITH THE STATE DEPARTMENT, BAUTIMORE, MARYLAND, 21201 PRIOR TO BUJ 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 CONTRIBUTING TCAUSE OF DEATH II. LOCATION WHILE AT WORK 220. I certify that I took charge of the remains described above, held an death resulted from: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) CAMINER'S NAME TYPE OR PRINT 73c. NAME OF CEMETERY OR CREMATORY
Derwood Cemetery 36. BURIAL, CREMATION, REMOVAL 236 DATE 6/20/85 Derwood, Maryland STATE 07/84 ^{74. FUNERAL DIRECTOR}, Heeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852 25M **DHMH - 17** (VR A15 ME (5))

and the second of the second second second second

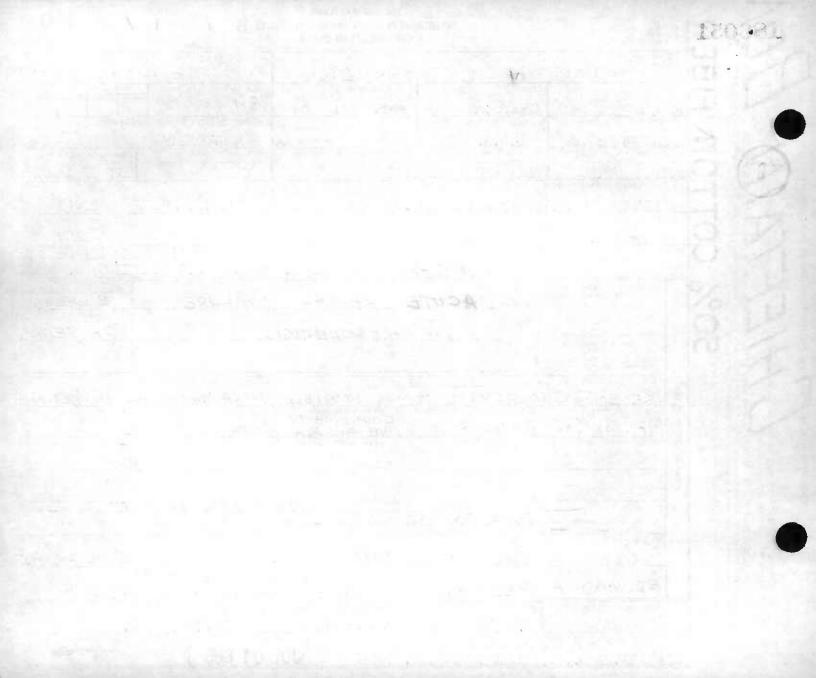
500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Film G607 item 5

(VRA 15, 4)



3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATH

	HYGIENE	8	1
H	HIOILINE	0	

20 DA

6 AGE

REG. N	10.				
E OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
JUNE 1	7 198	35_		9:00	a
(IN YEARS LAST BE	RTHDAY)	IF UN	DER 1 YE AR	IF UNDER 241	HRS
			No Distriction	The second second	

MALE CAUCASIAN 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? APRIL 15 1916

5. DATE OF BIRTH

RETIRED

BALTIMORE CITY OR COUNTY OF DEATH

DISTRICT OF COL. IN CITY OR TOWN OF DEATH

UNITED STATES NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

HENRY STODDERT PARKER

MARRIED X NEVER MARRIED

MONTGOMERY 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

12b KIND OF BUSINESS OR INDUSTRY

U.S. ARMY

BETHESDA

DECEASED NAME

(TYPE OR PRINT)

NAVAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE

13c. CITY OR TOWN

13e STREET ADDRESS / ZIP CODE 7601 HONEYWELL LANE 20814

MARYLAND 14 FATHER'S NAME

EDWIN PEARSON PARKER

BETHESDA

15. MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

HANNAH SOMERVILLE MATTHEWS ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO

17 INFORMANT

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

MONTGOMERY

578-16-4160

PATRICIA M. PARKER, 7601 HONEYWELL LANE, BETHESDA , MD 20814

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) WIDELY METASTATIC PROSTATIC ADENOCARCINOMA

Canditions, if any, which gove rise to immediate couse (o), stating the underlying couse last

PART I. DEATH WAS CAUSED BY-

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

YES X NO

LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE

19n DATE OF OPERATION

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET CITY OF TOWN

STATE

STATE

20b. IF YES, WERE FINDINGS USED

COUNTY

XYES [

IN CERTIFYING CAUSES OF DEATH?

22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on

IFICAT

CERT

AJUNE 17 10 85

DEGREE

22e ADDRESS MD 20814

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

TIINE.

22 DATE SIGNED NAVAL HOSPITAL, NMC-NCR, BETHESDA,

23g. BURIAL, CREMATION, REMOVAL

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

Suitland, Marvland

DHMH - 16 60M 7/84

Cremation June 18, 1985 Cedar Hill Crematory 14. FUNERAL DIRECTOR Joseph Gawler's Sons. Inc. 5130 Wisconsin Ave., NW, Washington, D.C. 20016

(VRA 15, 4)

6/18/85

1170 Rockville Pike; Rockville, Md. 20852

DANZANSKY-GOLDERG MEMORIAL CHPLS.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 25

DHMH - 16 60M 7/B4 (VRA 15, 4)

24. FUNERAL DIRECTOR

182026

- STATE

REGISTRAR

Judean Memorial Gardens; Olney; Montgomery; Maryland 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO

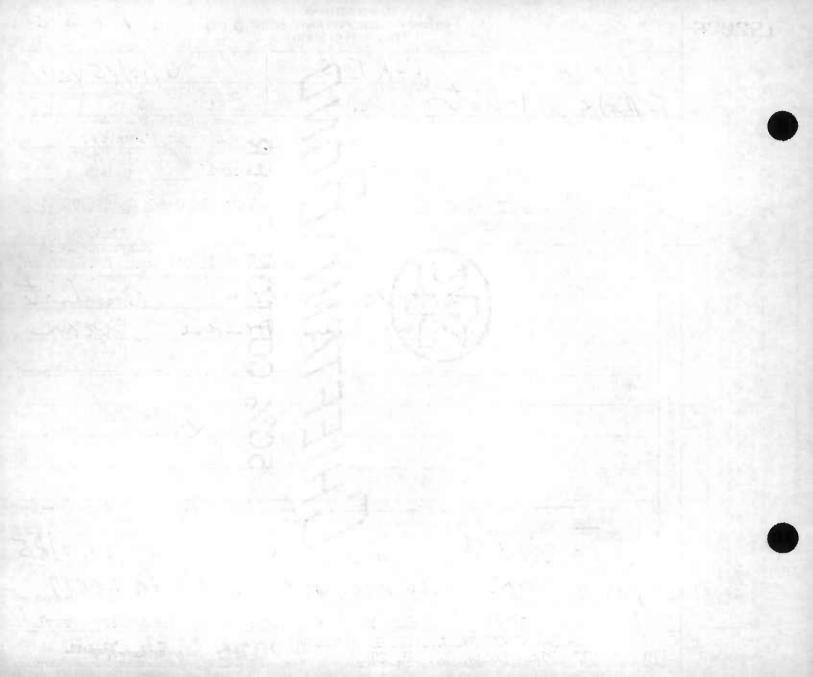
2h HOUR

17h KIND OF BUSINESS OR Home

Richmond

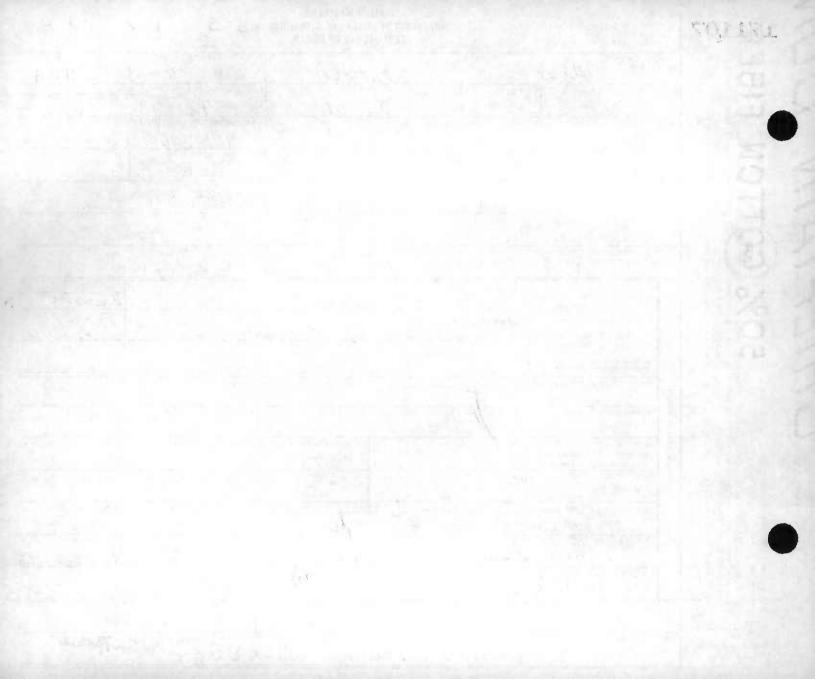
NO [

Maryland 20854



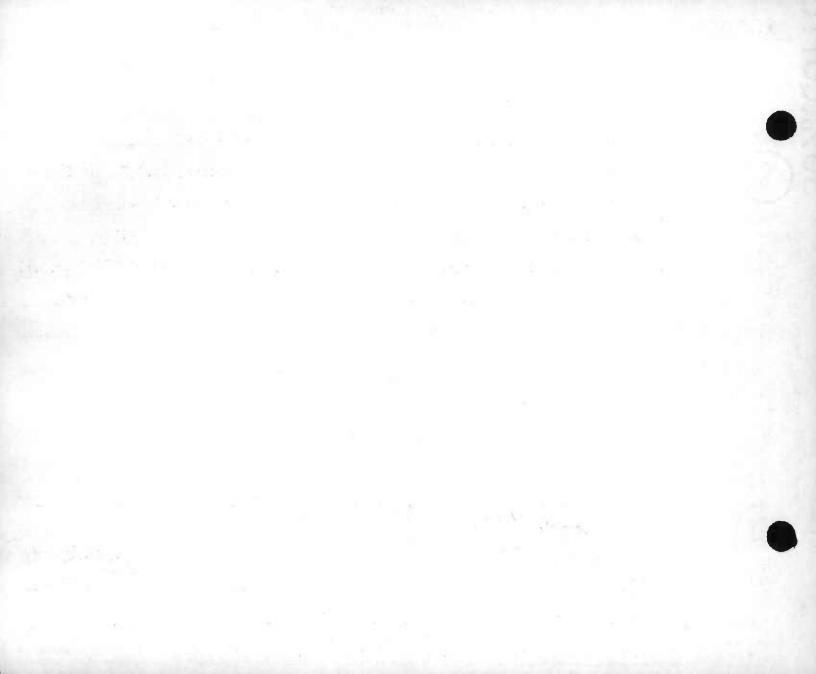
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate or executed a thin 24 hours after death. Page 4 may be retained by the haspital or attending a physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and computerly filled in by the funeral director, page shall dis described for use as the business and the properties of th
with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the mindirm requirement of once.

	1				SIAI	E OF MAKTLAND		-9 -7 -79	4		
171107	1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENE 8 5	113	3		
	1	REGISTRAR			CEKITI	ICATE OF DEATH	REG. NO.				
		CEASED NAME	IRST	WIDDLE		AST	20 DATE OF DEATH MONTH		HOUR		
noy be poge 3	(146	OR PRINT!	911.05		P	tton	6 -	8-85 11	:18 A M		
de de	3. SE	x /	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	- 11	INDER 24 HRS		
of te	3.00				MONTH		7717		URS MIN.		
oge urs		Female	Whit		d	07 08	YRS				
P 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		IRTHPLACE (STATE OR FORE	Th CITIZEN O	F WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	4			
of or Tree	2	Virginia	u	SA	WIDOWE		MONTGOM	ler()	MD.		
11 17	110 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BU	SINESS OR		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	Lupy Spri	(IF NOT INS	UCH FACILITY GIVE STREET	DDRESS)	7.7	housewife	home			
Since	usu	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTIO	N GIVE RESIDENCE BEFORE	ADMISSION)		nousewege	Trome			
4 15 20 h		STATE	COUNTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	801 5th Street	DE 20707			
2 2 2	1	Md	Prince Ge	origes Lai	irel	YES X NO		20101			
1 30 %/	M. E.	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	LAST			
F 1/0	1	Samuel	G. Hagy			Ida	Mae Wap	pett			
Bay		WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS				
	Y	VES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	225 05	9519	Patricia Ga	nnaway same as	above			
e		18 CAUSE OF DEATH	Fater only one course o	er line for (o) (b) on	dicil			APPROXIMATE BETWEEN ONSET	INTERVAL		
fico.		PART I. DEATH WAS	CAUSED BY:	respirati	. /	riling.		7 15 CAL	44		
ng p bon ren		IM	MEDIATE CAUSE (0)_	1 -24 1 0010	× 4 . C.			- weeks	1/		
mot mot				OR AS A CONSEQUE	NCE OF	L'alalana	an eliseuse	1644-	1.		
de otto		Conditions, if any, w gove rise to immed		<u> 2430 (61) [[3 (31)</u>	10511	17114 760 11960	ary eniselise	31-611	4200		
the rem		couse (o), stoting	the DUE TO.	OR AS A CONSEQUE	NCE OF						
thot d by eose ol, cr		underlying couse	(c)_				/				
igne igne buri	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
en s The or to	CERTIFICATION										
bee bee	OA	190 DATE OF OPERATIO	N 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS TIFYING CAUSES OF L			
in. The land hysicion. It core hos ronsit per Hygiene Hygiene	E								10 🗆		
hysical ficote fronts I Hyg	1 8	210 ACCIDENT WAS UNDER	HOUR	OF INJURY	um ve	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TE	PART I OR PART 2)			
SICIA 19 ph certific riol-tr	A P	OR CONTRIBUTING CAU	OF OF DEATH	A.M. MONTH DA P.M.	19	-					
ding ding ding s ce buri Mer # #c	MEDICAL	21d INJURY OCCURRED		E OF INJURY	17	211 LOCATION					
Phy the the ond edge	ME	WHILE NOT WHILE	TAT HOME.	STREET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE		
After the sost the onched	1	AT WORK AT WORK			100	1 8 1-	- 1110 G		m		
O O O O O O O O O O O O O O O O O O O		22a. I certify that the			Jan		to Jen 1	_	(We) lost		
Sprit CTC CTC CTC TCTC TCTC TCTC			olive on view the boo	ly ofter deoth.		0	deoth occurred on the date and h				
OR A he hosy DIRECtoched to Dept.		226. SIGNATURE	1 V11			DEGREE		22t. DATE SIGN	NED		
AL I AL I deto ote ote IT: II		100/11	W MAL	to	/	MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3 vn 8,	1485		
HOSPITAL HOSPITAL FUNERAL And be deta h the Stote ORTANT:	1	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)		1.4	22e ADDRESS	1111				
		IM MAU	Krot	your MI	7	7101Medie	MUK Ilino Su	10-Saran	7.000:		
Of of www war	230.	BURIAL, CREMATION, REA	MOVAL 236 DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d, LOCATION	The state of	14/		
DD		Burial				Hill Cemetery		nessee	STATE		
BP	_	UNERAL DIRECTOR	June	, , , , , , , ,							
DHMH - 16 60M 7/B4	24.1		Funeral Ho	ADDRESS	0 11-	130. DAII	REC'D. BY REGISTRAR 75b. REGI	Haran Handus			
(VRA 15, 4)		vonalason	runeral Ho	me, Laure	c, ma	ryxana JUN 2	4 1300 7		*		

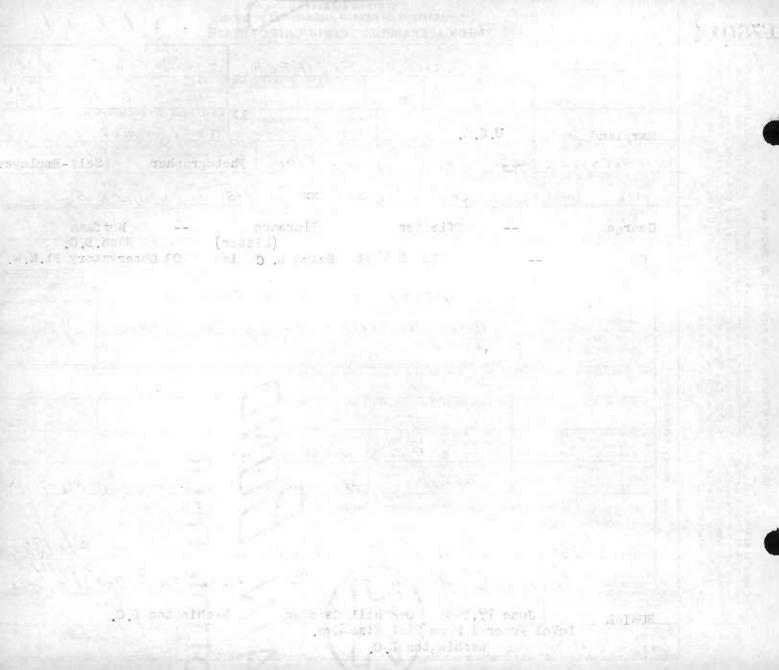


183124	1.	FOR STATE			PEPARTMENT OF H	HEALTH		grade transport	17	7 3	5
1002	L	REGISTRAR		MED	DICAL EXAMIN	ER'S	ERTIFICATE O	FDEATH	REG. NO.		4
V		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	20. DATE 1	KNOWN A MONIT	H DAY YEAR	26 HOUR
NECESSARY, PLEASE UNREAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS PRETCH STREET,		F	TRANCES	Mi	1dred		PEARCE	DEATH	MATED [] ()	,	5
PLEASI ECTOR R FILES STREET	3. SE	4 RACE	5. DATE MONTH	OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA			24 HRS. 2c. DATE MIN. PRONOUN	MONTH	DAY YEAR	7d. HOU
DIR 272	b	FEMALE Car	uc. 06/	/11/01	84 YR		IJ DAIS HOURS	DEAD	06	22 1985	RN
HIN Y HIN	70 B	RTHPLACE (STATE OR	76 CITIZ	ZEN OF WH	IAT COUNTRY?	B. MARR	IED NEVER MARRI	9. BALTIM	ORE CITY OR COU	NTY OF DEATH	- 3
NECESSARY, FUNERAL DIR 5 FOR YOUR WITHIN 72	Wa	shington,	DC Uni	ted	States	WIDOW			IGOMERY (County	ME
	1D. C	TY OR TOWN OF DEATH			PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	120. USUAL OCCUP	ATION (TYPE OF WORK	OR INDUS	USINESS
PAGE		BETHESDA	(11.15)		UBURBAN Ho	spi	tal	Homema	ker	Own Ho	
AND		AL RESIDENCE (IF IN NURSIN	NG HOME OR OTHER IN	STITUTION, GIV	136. CITY OR TOWN	ON)	134 INSIDE CITY LIMITS?	-		1	
AND STATE	130.	MD	MONT.		BETHESDA		YES NO X	10250 W	ESTLAKE D	rive/20	817
o kana	14. F.	ATHER'S NAME	MIDDLE				15. MOTHER'S MAIDE	NNAME			
ESS STATE	N	larion	Kat	e	Jones		Charle:	S	DDLE	Brown	
WO DE STORY	16a \	VAS DECEASED EVER IN			16b. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS 334	Russe	1 1 A 31
NLTI NATIONAL SIONAL	K	No No	FYES, GIVE WAR OR DA	1153)	579-01-26	579	Patricia	J. Brei	nnan Rah	way. N.	I
W.G. W.G.	(C)	18 CAUSE OF DEATH (Enter anly ane ca	use per line	far (a), (b), and (c),)					APPROXIMA	TE INTERVAL
N ST HOUNG N S N S T N S		PART I DEATH WAS			Cardio	R	rowamle	~ a	Vagary	BETWEEN ONS	ET AND DEATH
PRESTON THIN 24 I THIN 24 I SIL IN ITE ALON ANSIT PER AL HYGIE REMOVA	1	114		, ,	AS A CONSEQUENCE C	OF .		-3			
MITHIN MITHIN MINER A RANSIT REMO	*	Canditians, if any,		(h)	Corona	ru	ar	tenos	scleros	23.	
W PENCE		cause (a) stating the		UE TO, OR	AS A CONSEQUENCE C		3	1. 6.		100000	
201 EXAPLE EXAPLE)	lying cause last.		(c)							
WG. II	3	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTE	NG TO DEATH B	UT NOT RELATED TO THE TERMI	INAL OISEAS	E OR CONDITION GIVEN IN PAR	T 1 (o).			
S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, F ANY RRITO THE WORD "PENDING"." IN PENCIL IN 1EM 18. GIVE PAGES 1, 2 AND RRITO THE WORD "PENDING"." IN PENCIL IN 1EM 18. GIVE PAGES 1, 2 AND REIND GTHE WORD "PENDING"." IN PENCIL IN 1EM 18. GIVE PAGES 1, 2 AND RES 3. AND 18. SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1, AND 2. SHOULD ED AND MENTAL HYGIENE, DIVISION DEVILOR RECOURT OF THE WORLD WAS A BURIAL. TRANSIT PERMIT PAGES 1, AND 2. SHOULD ED AND MENTAL HYGIENE, DIVISION DEVILOR RECOURT OF THE WORLD WAS A BURIAL. TRANSIT PERMIT PAGENE.	2 5										
ULD VIEW THE TENT	CERTIFICATION	190. DATE OF OPERATIO	II NC	96 CONDIT	ION FOR WHICH OPERA	ATION W	AS PERFORMED?			20 AUTOPSY	1?
VITAL SHOUL	E		100							YES 🗆	NO 🗆
A HE HE WAR	CE L	216. EXTERNAL CAUSE		Ib. TIME OF	INJURY MONTH DAY YEAR	21c. H	DW INJURY OCCURRED	CENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR	PART 2)	
N OFFICE	3 5	UNDERLYING OR	USE OF DEATH	P.M.	19						
VIST THE CONTRACT OF THE CONTR	WEDIC	21d. INJURY OCCURRED	2		OF INJURY (AT HOME,		CATION	CITY OR TOV	,	COUNTY	STATE
	1/2	WHILE NOT WH	SK	DALLET, FACTOR	ont, man, ere.j			(III OK 10V		LOUNIT	SIATE
R: THI DRWA PR PAC E STAT	4	22a Leertify that Ltar	ak charge of the r	remains desc	ribed above, held an	Autap	sy , Inspection	Inquiry	and in my	aninian	4,444
MANNE PERSONAL PERSON	K	death resulted fram:	Natural causes			cide	Hamicide .	Undetermined ma		аринан	
EXAM CERTINE B DIREC WITH			- 0 5	-			TITLE (SPECIFX)	Onderer mined mo	,		
S S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE	3h	10	-elm	A.	Dont	MEDICAL EXAM	DATI	E 6-27	5-82
DICAL FETHE T SHO WERAL			11								
MEDICAL EXAMINE SCUTTHE CERTIFICA GE 4 SHOULD BE FF FUNERAL DIRECTO TO SEE THE CERTIFICATION TO SEE A SHOULD BE FF FUNERAL DIRECTO	1	(TYPE OR PRINT)	44	2	laube		ADDRESS 821	8 W	24002	10 01	re
EXEC PAGE PAGE BARE	23a.B	URIAL, CREMATION, REM			23c. NAME OF CEM		R CREMATORY	23d. LOCATION		VINTY	STATE
07/84 BP		Surial	26,	1985	Arlingt		National	Arling	gton, Vi	rginia	IIAIE
25M DHMH - 17	24 F	NAME RO	bert A.	Pum	phrev Fun	era		EC'D. BY REGISTRA	256 REGISTRARS	Skhadade	
(VR A15 ME (5))	He	omes, P.A.	Bethes	sda.	Maryland	208		1 1000			-

				STATE OF MAKTLAND		a significant	1 7 5
191099	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENES 5		/ 3 0
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	2g. DATE OF DEATH	MONTH DAY	YEAR 26, HOUR
a 65		OR PRINT)		0 4		6 18 8	A
oy be		alor	Δ	Felers			35 3:55 PM
e	3. SE:	K	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	ER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
s of		Female	Black	11 24 YEAR 99	85	YRS.	TOOKS MIN.
Po de sino e	7a. B1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	9. BALTIMORE CITY C		HTA
4 77 825		COUNTRY)		MARRIED NEVER MARRIED			
55 54		TY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Montgomer		. KIND OF BUSINESS OR
111 10/	10 C	IT OK IOWN OF DEATH	UF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) IND	DUSTRY
1 1 15	G	aithersburg	Shady &	core advertisthes	Teacher	Ret.) Pu	blic School
A PATA		AL RESIDENCE (# NURSING HOME COTATE 136. COU			13e STREET ADDRESS	/ 719 CODE	
記書表				er Spring YES NO [1110 Fidle	er Lane,	20910
4 24 1	_	THER'S NAME	egoniery 1511ve	15. MOTHER'S MAIDEN		Lancy	20310
1 55 1		FIRST		ST FIRST	MIDDLE		LAST
E 2 60/40/		eorge Washin		Betty	ADDRI	Wi]	son
9 pe 9		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIA	L SECURITY NO. 17. INFORMANT	ADDRI	200	20
ING PHYSICIAN: The law requires that the death certificate be executed in a contending physicion. After this certificate has been signed by the attending physician and camplet as the buriot-tronsit permit. Then please emove cerban papers. Pages I and I than Amental Hygiene prior to buriot, cremoblem, or removal. orked or frem 18 shows any injury, or other traumatic event, the medical examinated or the medical examination.		'es WW		36-3877 Elizabeth P	. Sanderlin-3	3313 High	wood Dr.S.E
2 05.4		18. CAUSE OF DEATH (Enter of				I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0 400		PART I. DEATH WAS CAUS	ED BY:	DIAL ASYSTILE		<u> </u>	Acuto
4 9 9 8 3 1 N		IMMEDIA	TE CAUSE (o)	DIAC 1134311000			Trance
5 £ 2005			DUE TO, OR AS A CON	ISEQUENCE O			
de d		Conditions, if ony, which	(b)	4240			
4 4 4 6 6		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF			
5 6 6 G		underlying couse lost.	(6)				
2 2000		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN	PART Iug
1 1 1 1 1 1	Z	TAKE E OTTER OTOTAL ICATA	continuono <u>continuona</u>	to reserve our not keep to the ti	EKAMITAL DIOLAGE OK COL	Dividit divertist	
5 5 5 5	CERTIFICATION	190 DATE OF OPERATION	TIBL CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	I 20% IF VES WED	E FINDINGS USED
o attack	ğ	170. DATE OF OPERATION	178 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOFST:		CAUSES OF DEATH?
IYSICIAN: The It ding physicion. is certificate hos buriol-tronsit per Mental Hygiere or frem 18 shows	=				YES NO	YES [№ □
SICIAN: The graphsicion certificate I ricol-tronsit entol Hygie entol Hygie frem 18 sho	S	218. ACCIDENT WAS UNDERLYING	LICHE A MA MONTE	H DAY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)
PHYSICIAN; ending phys this certifico te buriol-tror of Mentol Hy	¥	OR CONTRIBUTING CAUSE OF DE		19			
HYSII Ging S co S co S co	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
PH then the the cod o	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC. STREET	CITY OR TO	iwn co	DUNTY STATE
TTENDING PHYSICIA pitol or ottending p TOR: After this certification use os the buriol-tof for use os the buriol-tof Health and Mental 21 is marked or tem		AT WORK		KORIT C	104	11 61	
Z S S S S S S S S S S S S S S S S S S S		220 I certify that (I) (they has	1		10 10	1990	, that (I) (we)lost
		sow the deceosed oliver above, (I) (we) I did to	(v) view the body ofter death	_19, ond that in (my) (aum) opin	ion death occurred on the d	ote and hour and f	from the couses stoted
OR ATTEN te hospitol DIRECTOR oched for ur Dept. of He f Item 21 is		22b. SIGNATURE	() ()	DEGREE		45	2c. DATE SIGNED
H D D D D D D D D D D D D D D D D D D D		116	BAKE, M	ATTENDING PHYSICIAN		FF W	MO 18 19KU
Stote		224 PHYSICIAN S NAME TITTE	990 7/ V	The second secon	04 GEOKGIA		010010)100-
HOSPITAL ined by the FUNERAL wid be det h the Stote			Dooley, M	0	of George	All Control	1 14000
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.		NOMB E	Dooley, M	1/ 02		ey LATUR	20832
7 6 + 2 x 8	23a. I	BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATOR	23d. LOCATION		ATM CTATE
BP		Cremation	6/21/85	J.Wm Lee's Sons C	o. Washingt	ton, D.C.	
					DATE REC'D. BY REGISTRAR		
DHMH - 16 50M 4/83	Ma	GUINO FUNONAL	Sonvice Inc AD	Washington, D.C. 25a J	IIN 28 more	8.0. K. 1	Durland
(VRA 15, 4)	LIC	uulle lullelal	SELAICE FILL.	-/ TOU GEULGIA AVEL U	OH WED MANY	HILLIAN WILLIAM	Mary Mary



						SIA		AKTLAND				male.		-)
M had be -		FOR			DEPART	MENT OF H	EALTH !	AND MENTA	LHYGIEN	Em		1	1 5	1
176014		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S CE	RTIFICATE	OF DEA	TH	REG. I	NO		
OOLX		CEASED NAME	FIRST		WIDOLE		1/	c?						10 10 110 110
		CO PRINT)	11107					.01		2a. DATE OF	ESTI-	MONTH	OAY YE	L
24 44 25 E		ELL	ISON	HE	TRR1	CK	PI	EIFFE	FR	DEATH	MATED	8 6	7 198	37 3 M
45198	3. SE)		RACE	S. DATE OF BIRTH	,	6. AGE (IN YEA			_	2c. DATE		MONTH	DAY YE	AR 2d HOUR
正 另一 年 四		m	~	MONTH DAY	YEAR	LAST BIRTHDA	Y) MONTHS	DAYS HOURS		PRONOUN	NCED	,	11	25
\$ \$358 A		(- AUC	7 12	08	76 YR				DEAD		6	19 6	J JPM
SECULIAR IN	7a. BI	RTHPLACE (STATE	OR	76 CITIZEN OF W	HAT COUN	TRY?	8	NEVER MA	X-X	9. BALTIM	ORE CITY	OR COUN	ITY OF DEATH	1
9 日東の有機関リア	ž.	REIGN COUNTRY)		** ** *			MARRIE	D NEVER MA	RRIED	MA .				
4 Z S W.		Maryland		U.S.A			WIDOWE			MER	. 0	MB		MD.
お事業品	10. CI	TY OR TOWN OF	DEATH	II. NAME OF HOS	SPITAL, NUI	RSING HOME	OR OTHER	RINSTITUTION	12e. USU	JAL OCCUI	PATION (T	YPE OF WORK	12b KIND OF OR INDU	BUSINESS
《广圣元》	GA	THERS	BURL	14 CIN	CILITY, GIVES	A and a Al	Lucy	-#101	Pho	togre	apher		Self-I	Imployee
ACA WAS	_	L RESIDENCE HEI	I NILIBEING HOME	DO OTHER INSTITUTION C	VE DESIDENCE	BEFORE ADMISSIO	71-6	, ,-,	1 220	70081	*PIZCI			mp2-03-0-0
DE ADE	13e S		113b COUN	ITY		OR TOWN		3d. INSIDE CITY LIMITS	? 13e. STR	EET ADDRE	SS	# 10	1	
E SAMON	1	Mo	MON	TGOMER		HERSB		YES NO				MIN	& AUG	7
0 " NO ST	14 F	THER'S NAME			10 .,			5. MOTHER'S MA	IDEN NAME					
3 5-3050°	K	FIRST		WIDDLE	Pfief	LAST		Floren		A	NODLE	Uo	ffman	
# 285 X	1	George												
N SUN N		VAS DECEASED EN		MED FORCES?		IAL SECURITY	NO. 1	7. INFORMANT	Sister	•)	ADDRES	ss Was	h.D.C.	
E EA	,,,	No	(IF YES, GIVE	WAR OR DATES;	578	3 46 44	83	Helen L.	Cogla	an 22	203 0	bserv	atory 1	Pl.N.W.
\$ 50±85/	=								0 -0-					
E 287 ED		PART I DEATH	EATH (Enter on WAS CAUSE	ly one couse per line	far (a), (b)	, and (c).))				NATE INTERVAL
A TESES				TE CAUSE (o)	MYOC	ARDI	AL	INFA	ARCT/	000				
PRESTON ITHIN 24 H CCI IN ITEN CANSIT PER AL HYGIEI REMOVA					AS A CON	SEQUENCE C	F				CLICH			
EMO EMO		Canditions,	if ony, which	1 1				()	VASCU		X		1 1/	1/0
			to immediate			SCIER		SPR DIC	V MSCU.	LAR	MSG	11-56	1	12
101 W. TED WI N PENC XAMIN AL-TRA MENTA		couse (a) sta lying cause le	ting the under-	DUE TO, OR	AS A CON	SEQUENCE C	F							
No SEET S		ly mg coose to	231.	(0)										
ORDS, 201 E EXECUTE BIOLOGY A BURIAL H AND M EMATION,		PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH	RIST NOT PELA	TEN TO THE TERMI	MAI DICEACE D	P CONDITION CIVEN IN	BART 1					
RECORDS LD BE EXECTENDING: PENDING: PENDING: PENDING: PENDING: REMATI	z				DOT NOT REEN	TEO TO THE TERMI	MAE OISEASE O	A CONDITION BIFEN IF	T FAKE 1 10.					
S S S S S S S S S S S S S S S S S S S	CERTIFICATION													
H IN HOT I	3	190. DATE OF OP	ERATION	196 CONDI	TION FOR	WHICH OPER	ATION WA	S PERFORMED?					20 AUTOP	SY?
₹ 583300	Ē			110 3550	-								YES [] NO []
ION OF VI	W	210 EXTERNAL C	AUSEWAS	21b. TIME O			21c. HOV	W INJURY OCCUP	RRED LENTERN	NATURE OF INJ	JURY IN ITEM	18 PART 1 OR PA		
SAN THE SAN TH			OR	HOUR A.M	I. MONTH	DAY YEAR							27	
S FED SER	3	CONTRIBUTING	CAUSE OF	DEATH OMP.N	. 6	9 19%	SI DI	150 11	UBE	D				
BIVISION S CERTIFIC RRITING TH RRED TO FE 3 SHOU E DEPART	MEDICAL	21d. INJURY OCC			OF INJURY	(AT HOME.	211 LOCA	ATION	#101	1-1-1-		-71-1		
PIN OF STATE	Z		OT WHILE	SIREE! THE	OME	9	443		10 1/2 //	CITY OR TO	ATT	Dear	C Mo	HIT- MA
PANA TH		AI WORK A	T WORK	- / /	01176		1900	, O. O / 11 / 17	02011-	0	77796	resna	6 1110	1100
A PATE		220 I certify th	ot I took charg	e of the remains de	cribed obo	ve, held on	Autapsy	. Inspec	tion .	Inquiry	1	and in my o	pinion	
N C L C L S		death resulted f	rom: Notes	or couses	Asetdent	Sui	ide .	Homicide]. Undete	ermined mo	nner 🗌			
A SE B B SE			-8-	0									,	4 -
X S S S S S S S S S S S S S S S S S S S		ACTUAL	1	6/11	well	1.1	1	TITLE (SPECIFY)				DATE	6/1	1/95
NECKE STA	1	SIGNATURE	green	recom	ugu	MAY	M.D	Dept	MEDI	ICAL EXAM	INER	SIGN	ED_0//	197
DI S NEW S		EXAMINER'S NA		4	11.			G			1	8	208	74
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNEAL AFTER	1	(TYPE OR PRINT)	FRB	TWEIS (1111	PYLE	Al	DDRESS & 200	Wiscon	NSIN	New,	DETA	403DA	MIX
TO M PAGE PAFTE BALLE		JRIAL, CREMATIO	N, REMOVAL 1	3b DATE	23c. N	IAME OF CEN			23d. LO	CATION				
		PECIFY)		June 14.1				emetery	CITAC	OR TOWN	naton	D.C.	NTY	STATE
BP	74 FI	BURTAL INERAL DIRECTOR	D-17-						TË REC'D. BY	DEC ICTE :	p 201 pr	CISTRADIC.	SIC NIATURE	
DHMH - 17	1	NAME	DeVol	- A CORESS		2222 W		Ve.	A	REGISTRA	A ZOB. KE	SISTRAR S	Mandala	29 20 20
(VR A15 ME (5))	يكر	Tobert	A. 25	2000 Was	sningt	on D.C		JUN	3 7 19	555 94	State Will			8
20M 4/82	-	-												



heat and addition and the state of the state AST doctrile the, towning, he serve was enough to the constant injury, or other troumotic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CEPTIEIC ATE OF DEATH

		REGISTRAR			CERTIFIC	AIL OI DE	AIII		REG. NO.			
		OR PRINT) GE		Patrick	Pri			20. DATE OF I	June	7	1985_	50 P
1	3. SEX	Male RTHPLACE (STATE OR FOREIGN	1. RACE Caucas	ian	5 DATE OF MONTH	BIRTH DAY	YEAR 1909	7	ARS LAST BIRTHDAY) YR: RECITY OR COUN	MONTH!	S DAYS HOU	NDER 24 HRS JRS MIN.
5	-	insylvania		States	MARRIED	NEVER MA	ARRIED ORCED	Mon	tgomery	Co	unty	MD.
9		Olney	Mont of	OSPITAL, NURSING HEACILITY, GIVE STREET A	ODRESS)		IUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKIN 11tant		Banki:	
6	130 S Ma	ryland Mo	THE OR CHER INSTITUTION	13c CITY OR TOWN	I II	3d INSIDE CIT YES 🗍 I	NO [X]		Boastf:	ield	Lane	2083
1	14 FA	Martin	James	Price			resa		MIDDLE		Moy1	es
-		VAS DECEASED EVER IN U. ES DO OR UNKNOWN) (IF Y	SE CIVE WAR ORDATES	166 SOCIAL SECUR 577-03-7		Alta]	(urri		Same a	as#1	. 3	
		PART I. DEATH WAS C. Conditions, if ony, white gove rise to immedia couse (o), stoting the underlying couse loss.	AUSED BY. EDIATE CAUSE (o) DUE TO, OR te DUE TO, OR DUE TO, OR	AS A CONSEQUEN	VCE OF	Ag	pater	ma			APPROXIMATE BETWEEN ONSET	AND DEATH
1	CERTIFICATION	PART 2. OTHER SIGNIFICATION	irrhorse	NTRIBUTING TO DI	Dal 1'C	tue	repla	20 AUTOF	PSY? / 20b. 1F	YES, WER	RE FINDINGS (
7	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICALEXA 21d. INJURY OCCURRED WHILE ON TOWNILE OF WORK	OF DEATH AMINER) P.A 21e. PLACE C (AT HOME: STRI	M. MONTH DAY	YEAR	If LOCATION		ED (ENTER NATO	URE OF INJURY IN ITEM		OR PART 2)	STATE
1		220 I certify they (1) (this sow the deceased oli obove/) (we) (did) (d) 72b. SIGNATURE	Id not view the body of		DE	GREE AT	TENDING _	MEDICAL _	on the dote and I		from the couse 72c. DATE SIGN 7441 8	
		Daniel 2 URIAL, CREMATION, REMO	Ander	SON M 1985 23c N		1811		23d LOCAT	nilip D		Olney,	MD
	(:	Burial	June 1	0, Gat	te of	Heav	en	Sil	lver Sp	ring	Ma Ma	rvlan

DHMH - 16 60M 7/B4 (VRA 15, 4)

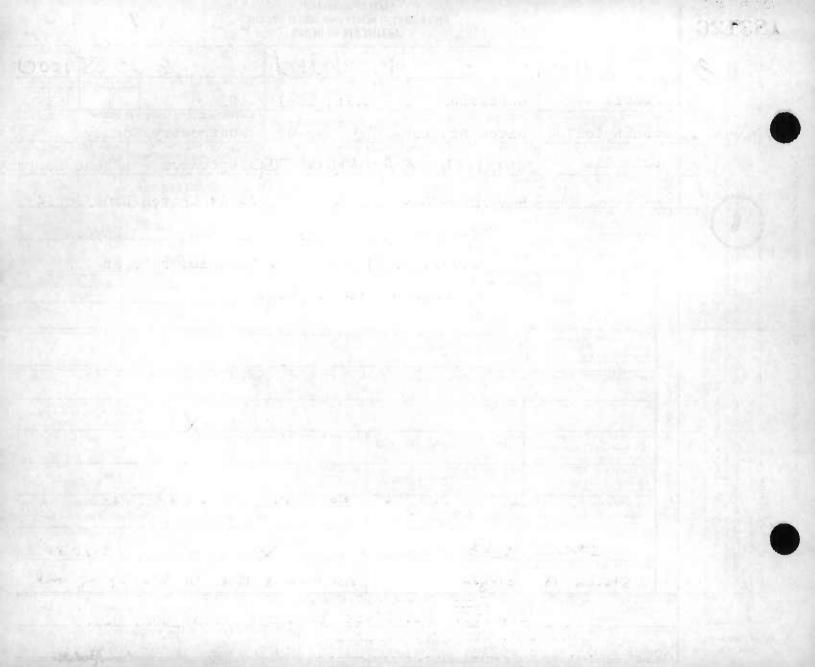
TO FUNERAL DIRECTOR

BP.

74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Rockville, Maryland Homes

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

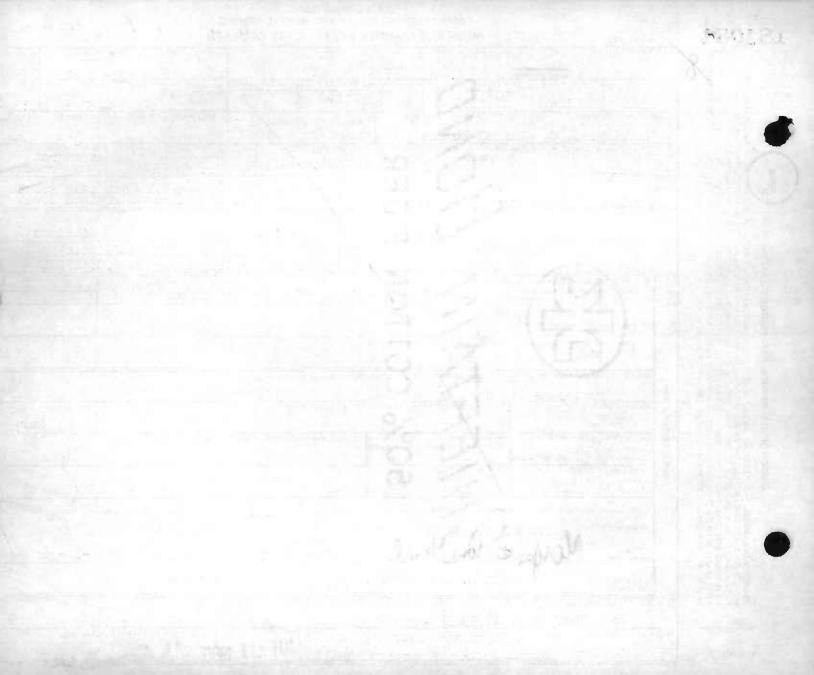
				STATE OF MARYLAND		
183126	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0 3	17/40
1 71 8		CEASED NAME FIRST OR PRINT) Mabel	AIDDLE B	Pritchan	REG. NO. 20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 6 25 85 1000
t of a	3 SE	Gemale	Caucasian	Sept. 16, 190	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
9 35 ///		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/O B	D DALTIMODE CITY O	R COUNTY OF DEATH
4 154	Wa. Bi	ashington, DC	United State	MARRIED NEVER MARRIED	_	ery County MD.
95	10 C	ty or town of death ockville		ING HOME OR OTHER INSTITUTION		ON 126. KIND OF BUSINESS OR INDUSTRY
135	13a S Ma			ac 13d INSIDE CITY LIMI	11814 Ch	
(6)50	I	Villiam	Burlinga	me lis. mother's maide	Ann	Hayden
Poge Poge	16a V	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 577 - 07		M. Glennie,	
equires that the death certifical signed by the attending phy. Then please remove carbon pay to buriol, cremoving, or removiniury, or other traumatic events.	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO		TERMINAL DISEASE OR CON	DITION GIVEN IN PART I 10
he low re in hos been the permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \\ \Tex
SICIAN: T ng physici certificate miol-transi entol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	CCURRED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART 2)
or ottendin After this c e os the bur olth and Me morked or t	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
R ATTENI hospitol RECTOR: hed for us ept. of He		22a I certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	tal) attended the deceased from 6 - 2 + 19 1) view the body after death.	2 -		25 19 8 3 , that (I) (we) lost one and hour and from the causes stated 22c DATE SIGNED
HOSPITAL Oned by the FUNERAL Duld be detected to the Stote Duld by ORTANT; If I		224 PHYSICIAN'S NAME (TYPE OF	24 Buse	ATTENDI PHYSICI	MEDICAL STAI	FF 6-25-85
TO HOSPITAL retained by the TO FUNERAL swith the Stote IMPORTANT:		Stoven A	. Burger	2101 Med		Silver Spring, and
BP		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	28, 1985 M	NAME OF CEMETERY OR CREMATE. Olivet Cemet	ery Washin	
DHMH - 16 50M 4/83 (VRA 15, 4)		omes. P.A. Rober	t A. Pumphresckville. Mar	yruncial	O. DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



63060	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENB 5	774
bogod:		CEASED NAME FIRST CARPRINT) SLEAN	OR M	PUMPHREY 15. DATE OF BIRTH	20. DATE OF DEATH MONTH	-6-85 6:05 M
oge 4 r	F	EMALE	WHITE	MONTH DAY YEAR	68	MONTHS DAYS HOURS MIN.
deoth. Po	n	ASHINGTIN DC.	CITIZEN OF WHAT COUNTI	MARRIED WINEVER MARRIED !	MONTE	OMERY MD.
offer of	14		WASHINE TON	ADVENTIST HUSPIT	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HUMFMLKE)	
N 24 hou	V	The state of the s	HER INSTITUTION GIVE RESIDENCE BE 13c. CITY OR TO FLO.	1. MARK YES NO	6409 FOUR	110 /1/13-
ompletel and 2		CLYDE	BENNE-	15. MOTHER'S MAIDEN N FIRST BLAN	CHE	BENNETT
be execu on and on and on and on and on and		VAS DECÉASED EVER IN U.S. ARMI VES, NO ORUNKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIAL SI VAR OR DATES) 578-44	1-1550 CARL A- R	IMPUREY, 6409	4 FR AVE TAK. BEN
rificate physicic physic physicic physicic physicic physicic physicic physicic physi		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	espirators ar	ivest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WALVILLE
hat the death ce by the attending ase remove carbo I, cremation, or n ather traumatic.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	ncinona of lu	ng	Syears
equires the signed to Then plea to buriol, injury, or o	NO	PART 2. OTHER SIGNIFICANT CO		TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	N GIVEN IN PART 110
The low re- rcion. te hos been sist permit. gene prior staws ony ii	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
IYSICIAN: The ding physico is certificate I buriol-transit Mental Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I ORPART 2)
ING PHYSICIAN: The low requir r ottending physicion. After this certificate has been sign as the buriol-tronsit permit. Then the hard Mental Hygiene prior to b oaked or Item 18 straws any injury, norked or Item 18 straws any injury.	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pitol of programme of Head of He		22a. I certify that (I) (this hospital sow the deceased alive on above. (I) [well (did) (did not)]	ottended the deceased fro	ond that in (my) (our) opinion	on death occurred on the date on	d hour and from the couses stated
ITAL OR A by the hos by the hos RAL DIREC detoched state Dept. NT: If them		22b. SIGNATURE	Elemenj	DEGREE ATTENDING PHYSICIAN 177e ADDRESS		224. DATE SIGNED
TO HOSPITAL Cetoined by the TO FUNERAL Eshauld be detoined with the State EMPRANT: If		1211. PHYSICIAN'S NAME (TYPE ORE	Fleming	Washing	ton Adventist	Hospital Enegency
BP		BURIAL, CREMATION, REMOVAL SPECIFICATION JUNEAL DIRECTOR	JUNU 10. 1985	FOR PULL CALL COMMITTEE	u. Brentiver	al COUNTY MENT SINE
DHMH - 16 50M 4/83 (VRA 15, 4)	Ta	from Funral Home.	Adding 257	Carrell DV NWPC J	UN 1 0 1985	edistrar's signature

YELMASTEAM South The State of NO PERSON THE NAME OF STREET PORT OF THE TREETS The sate of the last Arrange is the street tended Them had the william and had been been made on the

									MARYLAND						4.6	1 1 1
			FOR STATE			DEPART	MENT OF	HEALTH	AND MEN	ITAL HY	GIENE		7	1 4	600	
18	1054		REGISTRAR		MEI	DICAL	EXAMIN	ER'S	CERTIFICA	ATE OF	BEATH	REG. I	NO		-	
and the second	40	1. DE	CEASED NAME	FIRST		WIDDLE			LAST		2a DAT	E KNOWN.		H DAY	YEAR	2h HOUR
	8	(TYP	E OR PRINT)	1200							OF	ESTI-				
	PLEASE ECTOR FILES HOURS			GIL		Α	PURVI						×6-21	-85 1	7	M
	APE 5	3. SEX	4	RACE	January	YEAR	6. AGE (IN YE.			UNDER 2		UNCED	MONTH	DAY	YEAR	2d HOUR
	N 22 R		Male	White	21,193		48 YI	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HS DATS H	IOURS		AD	6-26	05	9	9:304
	PEASE ALES. HIN 72 HOURS ESTON STILET	7a BI	RTHPLACE (STA		76 CITIZEN OF WH			0		_	9. BALT	IMORE CITY				19.50
	PRESTO		REIGN COUNTRY)			7963			IED NEVER		DX		_	- 0.5		
			Washing		United S					DIVORCE		ontgom	ery C	county		MD.
1		10. CI	TY OR TOWN O	F DEATH	11. NAME OF HOS						12a USUAL OC	CUPATION (T	YPE OF WOR	K 1120 KINE	OF BU	
1 .	SS		Bethe	sda	4710 B	ethes	da Ave	nue .	Apt. 15	15		Known				ment
1 1	1 2 2 2		L RESIDENCE (F IN NURSING HOME	OR OTHER INSTITUTION, GI			ON)		-						
1 18	SHOULD	13a S		13b COU			ORTOWN		13d. INSIDE CITY I	LIMITS?	13e. STREET ADD #1515 H	DRESS 471	LO Be	thesd	a Av	enue
-	TA EXE		Maryland	Mont	gomery	1 Be	thesda					setnes	ia, Ma	ryıan	a 20	1014
8	H. H	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S	S MAIDEN	NAME	WIDDLE		LA	ST	
m'	DEATH PAN		Charles		F.		rvis		Harr	riett					liam	ıs
BALTIMORE, MD	URS AFTER DEATH. IF 8. GIVE PAGES 1, 2, WITH FORM PM 3, IT. PAGES TAND 2 SH DIVISION OF VIVAL		VAS DECEASED	EVER IN U.S. AF		16b. SOC	IAL SECURIT	Y NO.	17. INFORMAL	NT R	etty P.	Ma ADDRE	San (Sieta	(1	
È	F 7 5 8 5	(4	ES, NO, OR UNKNOW	(IF YES, GIV	E WAR OR GATES)	570	50-699	1	1/02 1							
S	URS AF 8. GIVI WITH II. PAG DIVISI		Yes					4	1 1602 1	Dexte	er Stree	et Duri	lam N			
1	18. W. X.		18 CAUSE OF		nly ane cause per line									BETWE	OXIMATE EN ONSET	INTERVAL
W. PRESTON ST	24 HO ITEM 1 ONG PERMI GIENE, VAL.		1 4411 1024	IMMEDIA	ED BY: ATE CAUSE (a) A	rteri	oscler	otic	cardio	vasc	ular di	sease				
010	UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALONG RIAL - TRANSIT PER D MENTAL HYGIEN ON, OR REMOVAL.		10.00		DUE TO, OR	AS A CON	ISEQUENCE (OF								
in in	EA LAS			, if any, which												
>	N S S S S S S S S S S S S S S S S S S S			to immediate		AS A COA	ISEQUENCE (25								
201 V	UTED WITHI EXAMINER HAL - TRANS O MENTAL PON, OR REA		lying cous		DOE TO, OK	AS A CON	ISEQUENCE (Jr.								
.2	COULD BE EXECUTED BY "PENDING" IN PROPERTY IN PROPERTY IN PROPERTY AND PROPERTY AND MERITH AND MERITH AND MERITH CREMATION, CALL				(c)											
Q Q	PENDING" MEDICAL AS A BUR EALTH ANI		PART 2 OTHER SIGN	NIFICANT CONDITION	CONTRIBUTING TO DEATH	RUT NOT RELA	TED TO THE TERM	IINAL DISEAS	E DR CONDITION GI	IVEN IN PART	f tall,	2000		11000		- 111
8	SED SED SE	ő	dia	betes me	ellitus											
8	OF A A A O	星	19a. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION V	VAS PERFORME	ED?				20 AU	TOPSY?	>
₹	P S S S S S S S S S S S S S S S S S S S	5	14,650.78		See March											
>	TE SHOULD WER WORD "PER WORD "PER WORD "PER WORD WENT OF HEAD OF HEAD OF HEAD OF HEAD OF HEAD WORD WORD WORD WORD WORD WORD WORD WOR	CERTIFICATION	21a EXTERNAL	CALISEWAS	21b TIME OF	INTITION		21- 4	OW INTEREST	CCURRED	LENTER NATURE O	F 7-14140 - 1-147			s L	NO X
ō	ANEW THE WENT TO BE TO B		UNDERLYING	errore.	HOUR A.M	. MONTH	DAY YEAR	216. 17	OW INJURY OF	CCURRED	TENTER NATURE O	F INJURY IN ITEM	18 PART I OR	PART 2)		
O	FED DES	5	CONTRIBUTIN	G CAUSE OF			19									
DIVISION OF VITAL RECORDS,	CERTIFICATE SHATING THE WORLD THE CHEST SHOULD BE LEDEPARTMENT (STORTO BUT OF THE CHEST SHOULD BE LEDEPARTMENT (STORTO BUT OF THE CHEST SHOULD BUT OF	MEDICAL	21d. INJURY O		21e PLACE	OF INJURY			CATION							
ā	VARITING VRITING VRDED GE 3 SI GE 3 SI TE DEP	Σ	AT WORK	NOT WHILE	STREET, FACT	ORT, PARM, E	IC.)		SIKEEI		CITY OF	TOWN		COUNTY		STATE
	I>Add-		AT TOWN	AT WORK				1			10					
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		22a. I certify	that I took char	ge of the remains des	cribed abo	ve, held an	Autop	sy . <u>Ir</u>	nspection	M, Inqui	iry 🔲,	and in my	opinion		
11.00	ME HOTE		death resulted	from: Note	ural causes X,	Accident	L, Su	icide	, Hamicide	е .	Undetermined	monner],			
	ARIA ARIA			Al	1	chi	0		TITLE (SPEC	CIFY)						
	MODEL &	1	ACTUAL SIGNATURE	IMON	16 E VI	رو کا	NOXI		Assist		MEDICAL EX		DAT	E 6-20	5-85	,
	SER SER		SIGNATURE_	1.0	4		400						SIGI	NED		
	SET SE		EXAMINER'S N (TYPE OR PRIN	IAME Ma	rgarita A.	Kore	ell,M.L).		III b	enn Str	eet				
	A PER MEN								ADDRESS							
	F 11 2 F 4 12	23a.B	JRIAL, CREMATI PECIFY)	ON, REMOVAL		23c. h	NAME OF CE	METERY C	OR CREMATORY	Y	23d. LOCATION	N	cc	YTAUC	STA	ATE
07/84	BP			ation	June 28,19	85 Me	tropol	itan	Cromet	Towar.	Alexar	dria.	Virg	inia		
25M	DHMH - 17	24. FI	JNERAL DIRECT	ORRobert	June 28,19 A. Pumph	rev F	uneral	Home	es PA	DATE RE	C'D. BY REGIST	RAR 256 REG	GISTRARS	SIGNATU	SE	
	(VR A15 ME (5))				enue Bethe	-				ULO	1 100F	H A	Tail.	-		
	(-//	13.	, MISCL	MOTH HA	chue bethe	sua	nary Lai	ua Zl	1014.		- 1303	- Trank	JELJA C. Am	A Chand	100	



74 FUNERAL DIRECTOR NAME ROBERT A. Pumphrey Funeral Homes P.A. 7557 Wisconsin Ave. Bethesda, Md. 20814

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	7	1	4	3

250. DATEREC D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE

								MEO. III				
1. DECEA	ASED NAME	FIRST	1 - 3 - 1	MIDDLE	Į,	AST		26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	-
	Ter	resa	May		Put	nam		Jı	ine	1. 1985	9:40)PM
3. SEX			I. RACE	3.0 P	5 DATE C		- 11	6. AGE (IN YEARS LAST BIR	HDAY]	MONTHS DATS	IF UNDER 2.	
Female						er 19,	1919	65				
	HPLACE (STATE OR FO	REIGN 7	b. CITIZEN OF	WHAT COUN	ITRY? 8	NEVER A	ARRIED -	9 BALTIMORE CITY O	R COUNT	TY OF DEATH		
	ington D.	c.	United States WIDOWED X				ORCED [Montgomery	Cou	untv MD		
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME OF (HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4604 Davidson Drive			R OTHER INST	ITUTION	126 USUAL OCCUPATION OF COMMON TO THE OF WORK FOR MOST COMMON TO THE PROPERTY OF THE PROPERTY	12b. KIND C INDUSTRY	OW 11		
	Vy Chase							Homemaker		Home		
13a. STA	yland	3P CON.	TY	13c. CITY OR Chevy	TOWN	13d. INSIDE C	NO [13e.STREET ADDRESS A	zip con	Drive, 2	20815	
14. FATH	IER'S NAME					15. MOTHER'S						
	Thomas	De	Sales		on	Mar		Jane	199	Galla		
	S DECEASED EVER IT		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA	423 Laurenceville Road.					
,	No	N/		578-12	-7336	Sheri	Laurenceville, New Jersey					
18	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ovarian Cancer									1 Year		
				17-7-17-17-17								
100	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if ony, which (b)											
	gove rise to imme		S DUE TO O	0.45.4.60416	FOUR ICE OF							
	underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF											
	(c)											_
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CATION							200 AUTOPSY? 200 IF YES, WERE FINDINGS USED					
A 190	DATE OF OPERATE	ON	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
CERTIFIED ST								YES NO X	ES NO			
21	a. ACCIDENT WAS UNDE		216. TIME OF INJURY			21c. HOW IN	JURY OCCU	RRED (ENTER MATURE OF INJU	RED (ENTER NATURE OF INJURY IN ITEM 18			
	R CONTRIBUTING CA											
5	(IF EITHER NOTIFY MEDICA			M.	19	21f LOCATIO	VA.1					
2	d. INJURY OCCURRE		21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)			STREET	719	CITY OR TO	CITY OR TOWN		ST	ATE
	WHILE NOT WHILE	E L				24.5	0.5	6-13		2.5		
22	27s. I certify that (I) (this haspital) attended the deceased from							6/1		19 85	that (I) (we	e) los
	sow the deceased alive on 5/20 19 85, and that in (my) (our) opinion death occurred on the date and had											
22	obove, (1) (we) (did) (did not) view the body ofter death. 27b. SIGNATURE DEGREE									27c. DATE SIGNED		
1							TTENDING >	MEDICAL STAI	FIAN	June		198
22	27d. PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDRESS						
	Bruce R.	Kres	sel			2141 K	N.W. #603 Washington D.C. 2				003	
23a BUR	MAL, CREMATION, R	EMOVAL	5, 19	une	23¢ NAME OF C	EMETERY OR	REMATORY	23d LOCATION		COUNTY		
1 376	Burial		3, 19	783	Cedar H	ill Cer	neterv				arvla	ha

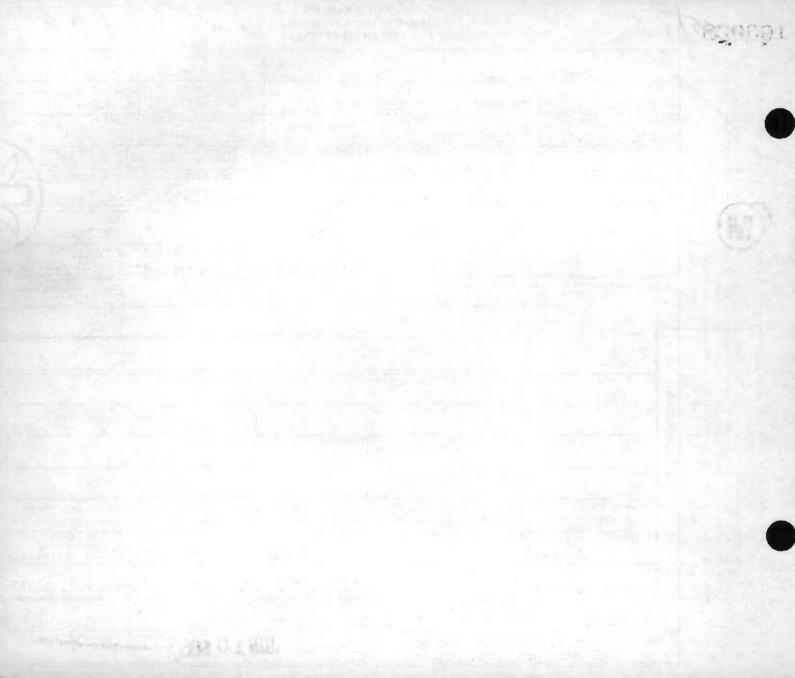
DHMH - 16 60M 7/84

should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troo

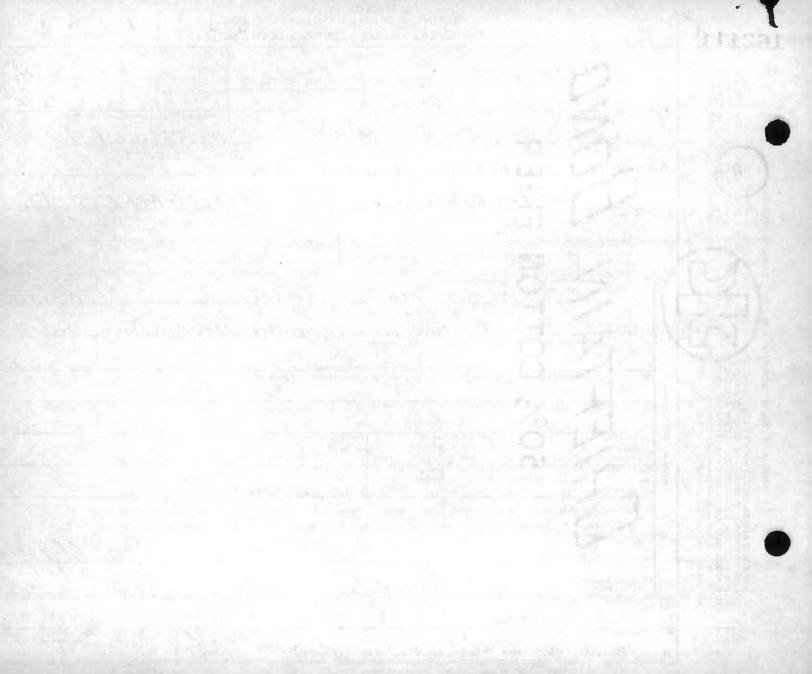
TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI A. DEATH MATED 3. SEX AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD S YRS 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE C CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Yugoslavia WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYRE OF WORK KIND OF BUSINESS OR INDUSTRY Officer State Dept 20855 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MONTECME 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Gertzinzer Ralli Elizabeth Axes 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES Zoya L. Ralli-wife-(same as 13e) 42 8087 548 yes Korean 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MYOCARDIA INFARCTION AG, DIE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A HEALTH CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 NO MENT (8 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART) OR PART 2) A.M. MONTH DAY UNDERLYING ZOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, If LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK NOT WHILE 22a. I certify that I took charge of the remains described above, held on and in my opinion EXECUTE THE CERTIFICATION OF A SHOULD BE FOUNDED BY TO FUNERAL DIRECTORY AFTER DEATH, WITH THE BALL (MORE, MARYLAN death resulted fram: Suicide Hamicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION REMOVAL 23b DATE Silver Spring Montgomery 6-4-1985 Gate of Heaven Cemetery Burial 07/84 BP 25M 250 DATE REC'D. BY REGISTRAR S SIGNATURE LAND DAY OF THE PROPERTY OF THE PROPE 24. FUNERAL DIRECTOR **DHMH - 17** 11800 New Hampshire Aug Silver Spring MD (VR A15 ME (5))



178029	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 5 1 7 / 6 PEGISTRAP CERTIFICATE OF DEATH											
110063	REGISTRAR 1. DÉCEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 2a. DATE OF DEATH MONTH D	AY YEAR 2b HOUR							
oth be	(TYPE OR PRINT) JOSEPI	1 -	RAMPERSAUD	6 1	2 85 10:15 PM							
may be page 3 er death	3 SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS							
ge 4 rs off	Male	Cauc.	10 6 32	52 YRS	ONTHS DAYS HOURS MIN							
h. Po	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED KNEVER MARRIED	9 BALTIMORE CITY OR COUNTY								
ne funera within 7	Guiane 10. CITY OR TOWN OF DEATH	Guiane	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Montgomery Co	MD.							
by the	Silver Spring	LIF NOT IN SUCHEACHITY, GIVE STR. HOLY Cross	Hospital	120 USUAL OCCUPATION TYPE OF WORKFOR MOST OF WORKING LIFE INDUSTRY Security Supervisor Security								
24 hour	130 STATE 113b COL	or other institution give residence before y In City or to Rockvi	DIAME A 124 INISIDE CITY HAVITS?	13: STREET ADDRESS / ZIP CODE 12510 Veirs Mill	(20853) L Road, #304							
	14 FATHER'S NAME	MIDDLELAST	15 MOTHER'S MAIDEN NA	ME								
P (a 2 / 2)/	Moses T		ersaud Victorine		Colley							
Page Page	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE 214-94		Rockville, Md. saud;12510 Veirs N								
th certificate adding physicic corbanoaper. or removal.	PART I. DEATH WAS CAUS	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) acute indector will my owner in the country of th										
that the deared by the attered or ather traum	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
quires signed hen pli a buri jury, a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
n. n. sas been permit. T	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING											
YSICIAN: The ing physical ing p	OD CONTRIBUTION COLOR		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)							
G PHYS	THE STATE OF THE S	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE							
LOIN Lor of a Aft	22a.1 certify that (I) (this has	ortal) attended the deceased from		10 JUNE 12 1	965, that (I) (we) last							
ATTER Sspito CCTOI J far n 21 in	abave, (I) (we) (did) (did)											
AL OR A the hose AL DIRECTOR DIRECTOR THE HERD AT THE	226. SIGNATURE A	Linesh ap	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	6/12/85							
TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT:	22d PHYSICIAN'S NAME (TYPE M. CHAEL L	ORPRINT) - INCOLN M. D	22e ADDRESS	grane. Strer S	orns Mel 20102							
2.8	236. BURIAL, CREMATION, REMOVA Cremation		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE							
BP	24 FUNERAL DIRECTOR - A	6/14/85	Lee Crematory	Washington, I								
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR DANZAL	NSKY-GOLDBERG M ike: Rockyille	EM. CHAPELS, INC.		And Anglasts							

Tosself T. Raphschuu

10 6 30.

1. DECEASED NAME

TYPE OR PRINTI

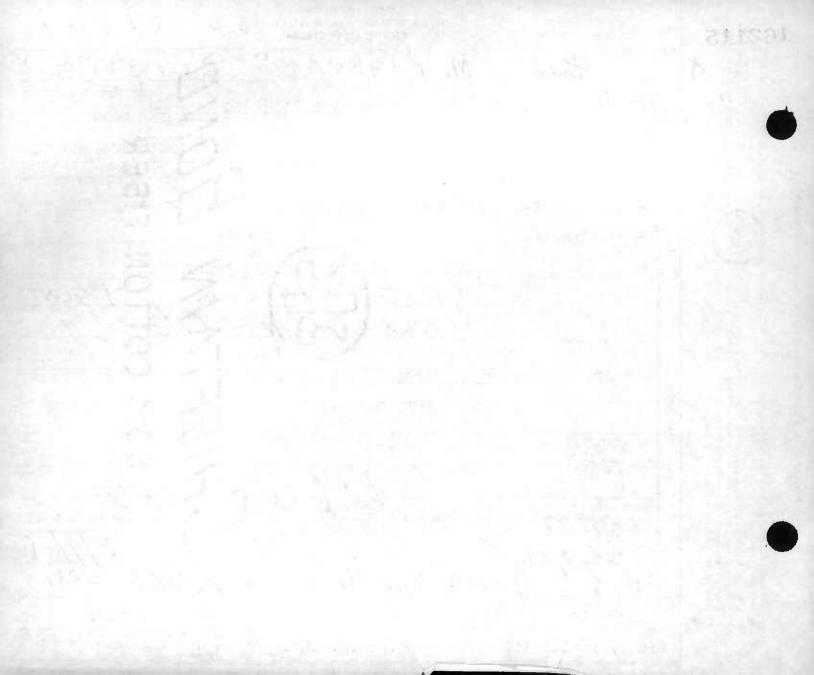
20. DATE OF DEATH

ld b

AGE IN AST BIRTHDAY MONTH 27.1931 March BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA WIDOWEDXX DIVORCED [Montgomery MD II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Bethesda Bethesda Health Care Center SUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c CITY OR TOWN Md. Mont. Ashton 15 MOTHER'S MAIDEN NAME FATHER'S NAME LAST Unobtainable Unobtainable 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANTSame as 13E ADDRESS 166 SOCIAL SECURITY NO LIEYES GIVE WAR OR DATEST None Rev. 18 CAUSE OF DEATH (Enter only one couse per liggifor (a) PART I. DEATH WAS CAUSED BY Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 214. HOW INJURY OCCURRED (ENTER NATURE OF IN 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED THE LOCATION 218. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM FTC 1 NOT WHILE 220 I certify that (1) (this hospital) attend MEDICAL ATTENDING (SPECTemation 6/4/85 Lee's Crematory 24 FUNERAL DIRECTOR Hines/Rinaldi 11800 New Hamp. Ave. S. S. Md

Manager Service Stations 13e STREET ADDRESS / ZIP CODE 801 Tucker Lane Daniel Stone (Friend) 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? our) opinian death accurred on the date and hour and from the couses stated STAFF DIRECTOR PHYSICIAN Washington, D.C. STATE 250 DATEREC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 1.00.

DHMH - 16 60M 7/84 (VRA 15, 4)

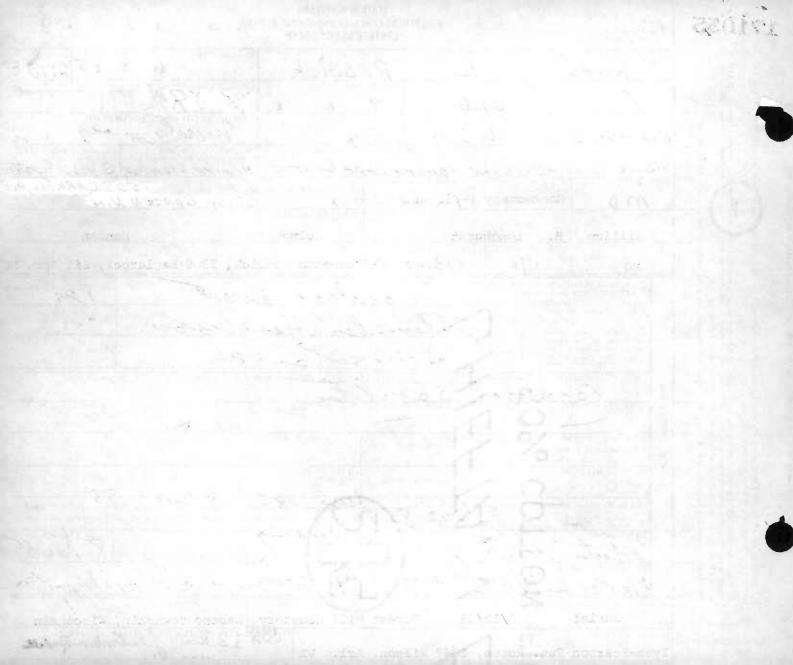


	The same								ARYLAN							
17	0005		FOR STATE			DEPAR	TMENT OF	HEALTH	AND ME	ENTAL HY	GIENE :		7	1 4 1	ř	
-	000		REGISTRAR			MEDICAL	EXAMIN	ER'S C	ERTIFIC	CATE OF	DEATH	REG.	NO.			
			CEASED NAMI	E FIRST		WIDDLE		ı	AST		20. DA	TE KNOWN	X MONTH	H DAY YEAR	7:45	
	22 × 22 ×	(IAb	E OR PRINT)	Bert	ram	Delro	V.	Re	arick	X III	DEA	F ESTI-	□ 6	/11 19 85	A 45	
	ASE SES	3. SEX		4. RACE	5. DATE OF		6. AGE (IN YE)	RS IF UN		IF UNDER 2		ATE	нтиом	DAY YEAR		
	ON SI	M	ale	White		8, 1929			DAYS	HOURS		OUNCED EAD	6	/11 19 85	7.45 A.	
•	SE SES		RTHPLACE (5'	TATE OR	76. CITIZEN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY C							Y OR COU	OR COUNTY OF DEATH		
	DARKE C		ennsylv	ania	Unite	United States WIDOWED DIVORCED X Montgomery							ery Co	County		
	名音が出	10. CI	TY OR TOWN	OF DEATH	11. NAME C	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF							TYPE OF WORK		JSINESS	
	Soat S	Rockville			251	2515 Baltimore Road Security Office							icer	Department o		
	00198		L RESIDENCE	(IF IN NURSING HO	ME OR OTHER INSTITU	TION, GIVE RESIDEN		ON)	13d. INSIDE CI	rv 11111763 1	13e STREET AD				Car	
2130	ANTERNA		aryland		ntgomery		ockvill	e	YES X	NO [2515	Baltin	ore R	book	500	
9	Towns T	The Person	THER'S NAME						15. MOTHE	R'S MAIDEN						
, W	\$58 9 30 /		Bertra	ım	Delroy	Re	earick	200		ice		MIDDLE		Cromie	0	
NO	DANCE -	16a. V	VAS DECEASE	DEVER IN U.S.	ARMED FORCES		OCIAL SECURITY	/ NO.	17. INFORM	TIAAA	1 0	ADDRE	ESS .			
BALTIMOR	EA 5.98	(4	ES. NO, OR UNKNO Yes		rea	170	9-22-555	51	630/	Lin	ida Suz	anne K	earic	k (Daught Maryland	ter)	
	W G G G G G G G G G G G G G G G G G G G				anly ane cause p			7	0304	DIAGLE	A PIAG	<u> bern</u>	esda,	APPROXIMAT	IE INTERVAL	
ST.	0 - 0 - 4		PARTIDE	ATLIBATAC CAL	ISED BY: DIATE CAUSE (a)			ial c	licase					BETWEEN ONSE	T AND DEATH	
Ó	TEN TEN TON GIEN			IMMEI		O, OR AS A CO			Hocus							
ES	ICIL IN 13 ICIL IN 13 NER ALC SANSIT PI TAL HYGI		Conditions, if any, which													
».	ENCIL IN MINER A TRANSI TRANSI OR REM			se to immedi) stating the unc		O OP AS A CC	NSEQUENCE (26								
7			cause (a) stating the <u>under-lying cause last</u> . DUE TO, OR AS A CONSEQUENCE OF													
5, 2	XECUTE VG" IN P CAL EXA BURIAL AND ME	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ENDING MEDICA ASA B AAITH A															
REC	"PENDING" "PENDING" EF MEDICAL EED AS A BUR HEALTH ANI AL, CREMATI		None 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20 AUTOPSY?			
₹	SHOULD ORD "PE CHIEF N E USED I T OF HE URIAL, O	5				.01.01.101.10	, milen of En	, , , , , , , , , , , , , , , , , , ,	IST EM OM							
>	> 00 7 00 77	E	None	L CAUSE WAS	21b. T	IME OF INJURY		[2]r HO	WINIIPY	OCCUPPED	(ENTER NATURE C	SE IN HIRV IN ITEM	19 9 A D T 1 O D S	YES	NOX	
0	A LANGE THE VALUE OF THE VALUE		UNDERLYING	OR	HOL	IR A.M. MONT							TOTALLOR	mn 2)		
Sio	SHOW PART	MEDICAL	21d INJURY C	NG CAUSE		P.M.	19 Y (ATHOME	211. LOC	ATION	N.	one					
<u>></u>	SOEE SOEE OF PERSON	WE		NOT WHILE AT WORK		EET, FACTORY, FARM			REET		CITY O	RIOWN	С	COUNTY	STATE	
	WAR WAR PAG 212		AT WORK	AT WORK							CTA					
	A SATE NO.		22a. I certi	fy that I took ch	arge of the rema	ins described of	ove, held on	Autops	<i>,</i> \square .	Inspection	X, Inqu	uiry 🔲, _	and in my	opinion		
100	A PER		death result	ed from: N	atural causes X	J. Acciden	Sul	cide	Homici	ide	Undetermine	d manner _],			
	AN WELL		ACTUAL	1	01	0/1	/		TITLE (SF					0.13.3.1		
	¥#£¥E#		SIGNATURE	10	4		CADE	nd M	De De	puty	Semina	XAMINER	DATE	6/11/	85	
	EDIC A S A S A S A S A S A S A S A S A S A	1	EXAMINERS	NAME	John C	Bagans	MD							Md Md		
	TO MEDICAL EXAMINED FOR SHORT		EXAMINER'S (TYPE OR PRI	1	John S.				DDRESS_				in egom	ery, Md.		
	E05149	230.B		TION, REMOVA	L 23b. DATE		NAME OF CEA			ORY	23d. LOCATIC	4	со	UNTY S'	TATE	
07/84 25M	BP	-		rial	Jun 14,		eorge1				Philad	elphia	, Pen	nsylvania	a	
	DHMH - 17				t A. Pu					ZSO. DATE RE	C'D. BY REGIS	TRAR 256 RE	GISTRAR'S	SIGNATURE		
	(VR A15 ME (5))	75.	7 Wisc	onsin A	ve. Betl	nesda, Ma	aryland	2081	4	J11	N 17	noti 2	1. 1			

HEAD TO THOSE

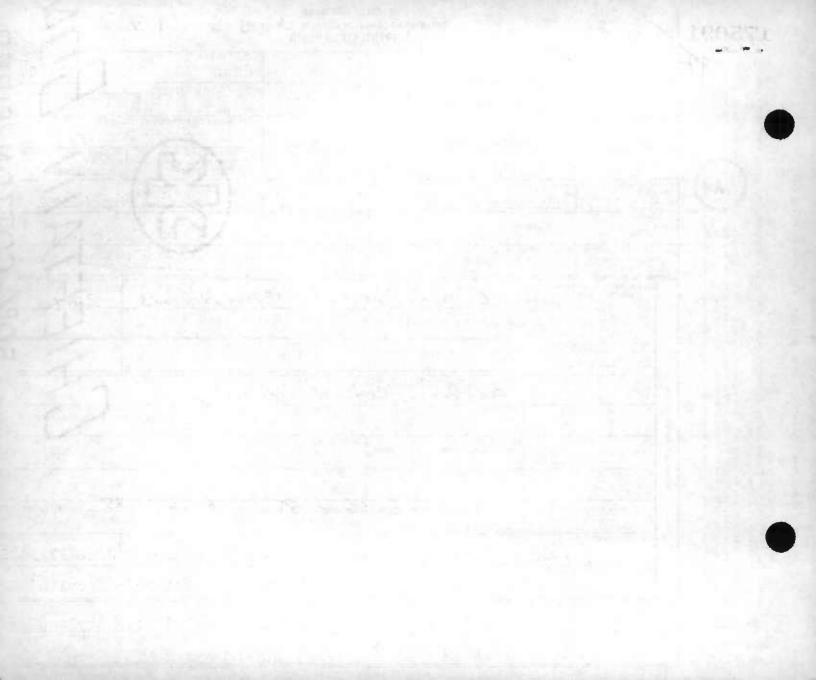
OU SELECTION

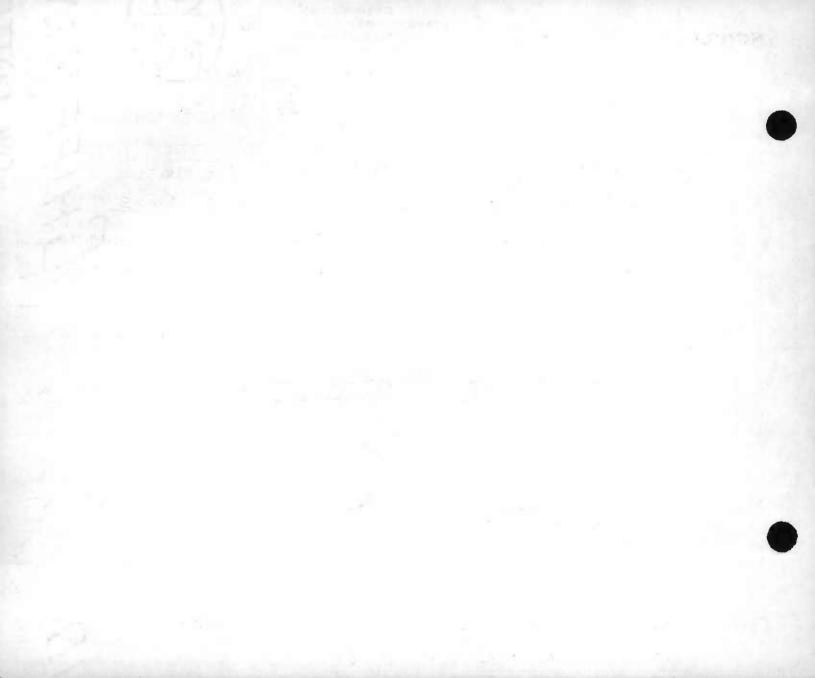
STATE OF MARYLAND 171055 DEPARTMENT OF HEALTH AND MENTAL HYGIENER - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME 2b. HOUR TYPE OF PRINT 2UTH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 96 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OF COUNTY OF DEATH COUNTRY? MARRIED NEVER MARRIED NEKOOSA. DIVORCED T WIDOWED N CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SILVER SPRINGIMD H/WIFE STEACHER SCHOOL S DEL PRO HEALTH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN 134. INSID 13a. STATE 13h COUNTY Montgomery 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2601 Bel Pre Rd NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIR51 William Longhurst Dolma H. Hansen 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) HE YES, GO WAR OR DATES .40.)495 Jeanette Reddick, 2309 Eaglerock, Sil Spr, MD NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NO! WHILE 22a.1 certify that (1) (this haspital) attended the secensed from. sow the deceased alive on above, (I) (vertical) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE estelle ATTENDING . MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 6/12/85 Forest Hill Cemetery Wabeno Township, Wisconsin REGISTEAR 256 SE GISTRAPS SIGNATURE SUMA DEVIDEN - Pandalle 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4) Ives-Pearson Fun. Homes, 2847 Wilson, Arl., VA



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

175091	y.	FOR STATE REGISTRAR		DEPARTM	IMENT OF HEALTH AND MENTAL HYGIEN 5 7 7 7 4 CERTIFICATE OF DEATH					
nay be poge 3 andeath		CEASED NAME FIRST Rache		NIDDLE	Ree	ast d	20 DATE OF DEATH	MONTH DAY		11:00P
ge 4 may		Female	Caucas	Caucasian		F BIRTH DAY YEAR 121 1898	6 AGE (IN YEARS LAST BIR	YRS	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Po	Ma	RTHPLACE (STATE OR FOREIGN OUNTRY) Tyland	United States WIDOV		WIDOWE		Montgor Montgor	nery C	County, MD.	
of the factor of	I	TY OR TOWN OF DEATH Sethesda LE RESIDENCE (IF NURSING HOME)	11. NAME OF HOSPITAL, NURSING HOME OR ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Suburban Hospital				12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker		Own I	
un 24 hor	13a. S Mar	TATE 136 COL		136 CITY OR TOWN Rockvill	4	13d. INSIDE CITY LIMITS? YES X NO 1		zip code zille P	ike / 20851	
complete		Walter (AS DECEASED EVER IN U.S. A	MIDDLE	White	DITY NO	Cora	MIDD(£		Hoy	
ion ond rs. Pog		es, no or unknown) (IF yes, c	SIVE WAR OR DATES)	220-44-09	81	17 INFORMANT Mr. 2 Barclay Cou	Stanley W. rt, Rockvi	Beall, lle, Ma	ryland	d 20850
ertificate ng physic ban pape removal c event, tl		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDI.	only ane couse per SED BY: ATE CAUSE (a)	line far (a), (b), and Irona	ofbi	eist with wides	freed metro	Feses	BETWEEN	CMATE INTERVAL ONSET AND DEATH
te death c te attendir matian, or troumatie		Conditions, if any, which gave rise to immediate	(b)	AS A CONSEQUE	14			- 4		44 3
ned by the please re please re urial, crea		cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	((c)	AS A CONSEQUE		NOT RELATED TO THE JERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	(a)
w require: been signe mit. Then p prior to buy any injury,	CATION	198 DATE OF OPERATION	94	stron	res	Fizal Hes	200 AUTOPS ?	20b. IF YES, V	WERE FINDI	NGS USED
N: The le record has considered has reast per Hyginge 18 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		Y YEAR	21c. HOW INJURY OCCURR	YES NO TO	YES		NO [
PHYSICIA this certifice burial-t ad Mental	MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	P.A. 21e PLACE C	м.	19	211 LOCATION STREET	CITY OR TO	.wn	COUNTY	STATE
ENDING of or aft OR: After use as th Health ar is marker		WHILE AT WORK AT WORK 220 1 certify that (1) (this has			6-1	16		6- 19		that & (we) last
OR ATTE OR ATTE DIRECTO oched for Dept of If them 21		saw the deceased alive of abave, (I) (we) (did) (did) (22b. SIGNATURE	not) view the body	ofter death.		d that in (my) (aur) apinian c DEGREE ATTENDING			22c. DATE	SIGNED
TO HOSPITAL retained by the TO FUNERAL is should be deto with the State IMPORTANT; If	ŧ,	22d PHYSICIAN'S NAME (174 Stephen I		M.D.	1/4.	PHYSICIAN P 220 ADDRESS 6719 Wilson	MÉDICAL STA DIRECTOR PHYSIC			e 17,1985
To show with IMPRO		URIAL, CREMATION, REMOVA Burial	1 23h DATE	0 23c. N		EMETERY OR CREMATORY	23d. LOCATION	• = =	COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR ROBI	ERT A. I	PUMPHREY	FUN		ROCK E REC'D. BY REGISTRAR	14		





186071	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 1 - STATE									1	7	7 5	
	1 -	REGISTRAR			3	CERT	FICATE O	F DEATH	U	REG. NO.			-34
		CEASED NAME	FIRST		MIDDLE	0 1	LAST		2a. D	ATE OF DEATH MON	VEH DAY	Y YEAR 2	2b. HOUR
oy be	(TYPE	ORPRINT)	rale	1 4	rne .	Post	1 1			06	25	25	240 PM
of of	3. SEX			4. RACE		5. DATE	OF BIRTH		6. AC	GE (IN YEARS LAST BIRTHDA			IF UNDER 24 HRS
4 offi		Male		Caucas	ian	Fe	b. 25,	1924		61	YRS.		HOURS MIN.
C cold		RTHPLACE ISTATE OR F	ORE (GN	76. CITIZEN OF	WHAT COUN	TRY? 8.	FD NEV	ER MARRIED	9. BA	LTIMORE CITY OR C			
		Minnesota		USA		WIDOV	/ED 🔼	DIVORCED		Montgomery County			MD.
	10. C1	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NI		OR OTHER I	NSTITUTION		USUAL OCCUPATION OF WORK FOR MOST OF WO		12h. KIND OF	BUSINESS OR
by a filled		ckville		Shady	Grove	Adve	atist	Hospi	ta 1	Educator		Educat	tion
MARY LAND 2120 ed within 24 hours mpletely filled in b and 2 should be fill exominer must be o		AL RESIDENCE LIF NURSI	13b. COUN	ITY	13c CITY OR			E CITY LIMITS	52 113e S	TREET ADDRESS / ZI	P CODE		
filled ould	M	aryland	Mont	gomery	Rockv	ille	YES 🔀	NO 🗌	10	DE Wall St	reet	208	50
arthin 2 sh	14. FA	ATHER'S NAME		MIDDLE	LAS	1	15. MOTH	ER'S MAIDEN	NAME	WIDDLE	N-LLU	LAST	
ed w ed w		John	C		Reita			Anna				dahl	
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL	SECURITY NO	17. INFOR			ADDRESS	2198	Vista 1	Luna,
BALTIMORE, iote be execut opers. Pages I vol.		NO OR UNKNOWN)	Non		358-26	5-0281	Kris	stine F	R. Wo.	llrich, Dtr	· Fai	rfield	, CA. 9453
, BALI ficate b ficate b papers. loval. ent, the		IN CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly one couse per	r lice for (o), (l	o1, and (4.1)	2	1		1		APPROXIMA BETWEEN ON	ATE INTERVAL
+ 400 P				D BY: E CAUSE (0)	Lrrev	ersible	Kest	rivator	y ta	uluke		7	daus
orbo or re					RAS A CONS	SEQUENCE OF	1	1	1				
death attention and a traumo		Conditions, if any,	which	(b)	Core	movasi	war	Thre	on Do	515		10	datis
W. PRE		gove rise to imm couse (a), stating	nediate	DUETO	PAS A CONS	EQUENCE OF	1	0 1		Λ Λ			3
DIVISION OF VITAL RECORDS, 201 W. PRESTON SI ING PHYSICIAN. The low requires that the death certicateding physician. Wher this certificate has been signed by the attending is as the burial-transit permit. Then please remove corbon the and Mental Hygiene prior to burial, cremation, or renarked or term. Its and mental Bygiene prior to burial, cremation, or renarked or term.		underlying cause	lost.	(c)	Hrter	ioscle	otic	Cavair	2V996	war dise	150	44	2015
ires t gned n ple burio ry, or		PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH B	T NOT RELA	TED TO THE T	FERMINAL	DISEASE OR CONDIT	ION GIVEN	IN PART 1:0	
RDS equi	ON N												
ow re con rmit. I prior	CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	ITION FOR W	HICH OPERAT	ON WAS PE	RFORMED	20			WERE FINDING	
ALR he liene	≣					711-6			YE	ES NO	YES		NO []
ON OF VITAL HYSICIAN: The diding physicion is certificate h burial-fronsit f Memal Hygies or Item. 18 s f or Item.		21a. ACCIDENT WAS UND OR CONTRIBUTING		21b. TIME C	OF INJURY	DAY YEA	21c HOV	V INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART	TTORPART2)	
SICIA Pag pl certif riol-t ental	Z Z	(IF EITHER, NOTHY MEDIC			.M.	19							
PHYS indim d Me d Me	MEDICAL	21d. INJURY OCCURR	RED		OF INJURY	FFICE, FARM, ETC.)	211 LOC	ATION		CITY OR TOWN	FFS-	COUNTY	STATE
ther the hon	2	AT WORK NOT WH	ILE			-				-	-	a-	
A S A S A S A S A S A S A S A S A S A S		22a.1 certify thor			ne deceased f		6 12	19 1	5	o June 2			(we) lost
Spiro CTO for of h		saw the decease above (1)(we) (d	d alue on lid (did no	view the body	offer death.	19_65	and that in	my (our) opin	nion death	occurred on the date	and hour a	and from the co	ouses stated
OR A bolkEd Dept		226. S GNATURE	0	1111	V		DEGREE	4775, 101, 1	/-			22c. DATE SI	IGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D	<	rames	C. 1	Villon	h	100	M.D.	PHYSICIAN		DICAL STAFF ECTOR PHYSICIAN	1 🗆	6/2	5/85
HOSPIT sined by purd be with the St		224 PHYSICIAN'S NA	ME (TYPE O	-		S. B. Call	22e ADD	RESS	ir	211	. 0	11 11	1.1200-
TO HOSPITAL of retained by the TO FUNERAL Is should be detained with the Store (IMPORTANT: #		James t	=. W	ilson. J	r. M. D.		11125	Koch	ville	Pike. Ite. 10	3. Ko	ckvile.	Md. 52
5 € 5 € ¥ ₹		BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF	CEMETERY	OR CREMATO	RY 23	Id LOCATION	1	COUNTY	STATE
BP	0	remation		Jun. 29	9,1985	Chamb	ers Cr	emator	v_	Riverdale	, P.G	Cty.	Marvlar
DHMH - 16 50M 4/83	24 FI	UNERAL DIRECTOR						25a.	DATE REC	D. BY REGISTRAR 256.	REGISTRA	AR'S SIGNATUI	RE
(VRA 15, 4)	W	W.CHAMBERS	G CO.,	,8655 G	a.Ave.	S.S.Ma	.2091	0	JUL	01 1985	larli	actoson-A	andell

- y ... fale describe to the second of the second ASIU ASOUSHAM deno - the Section and the Section, the safety of Constitute Se. 1989 Pragitation on any or Advantage. J. C. Star. Constitution THE PROPERTY OF STATE OF SECTION AND SECTION OF SECTION AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESSME

4339 Hunt Pl N.E., Washington, D.C.

who Davidson Bondall

STATE OF MARYLAND

179016

DHMH - 16 60M 7/B4

(VRA 15, 4)

palately vall tellings Nyattaville x 5204 anolibrook Urive 20783 .uof some acttel ' 232-33-2956 A. Thomas Hystissills, Maryland 20783 Description 6/13/65 Coder 511 Cometery Fultings Tring Teorgets 50 .onl .omo: forenvi anlifo, 1335 Junt Pl B.H., Vashington, D.U. 20019

					STATE	OF MARYLAND				. vol. v=2
183135	1 -	FOR STATE		DEPARTM		EALTH AND MENTA	23	5	7/	5 3
1002		REGISTRAR			CERTIFI	CATE OF DEATH		REG. NO.	cun	um
		CEASED NAME FIRST	1	DDLE	A 1/	. 0	2a. D.	ATE OF DEATH MONTH	DAY YEAR	2b. HOUR
oy be death	1	2/izabeth	Wal	Dridge	vie	Unolds.	1	June 12	1989	ON DM
moy pag rer de	3. SE2		4 RACE		5. DATE O	BIRTH		E (IN YEARS LAST BIRTHDAY)	U. J UNDER I YE	
s of a	33	temale	Cauros	ian.	MONTH	2 5 18	FCK	92	YRS.	TS HOURS I MIN.
Po Pop PC	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8.	□ NEVER MARRIED	9 BA	LTIMORE CITY OR CO	UNTY OF DEATH	
nero nero	6	uffalo NY.	1 4,1	A.	WIDOWE			montgou	nes,	MD.
er d with	10 8	TY OR TOWN OF DEATH		OSPITAL, NURSING		R OTHER INSTITUTION		JSUAL OCCUPATION OF WORK FOR MOST OF WORL	12b. KIN	D OF BUSINESS OR
s of	13	e maida Cha	Chase.	PACILITY, GIVE SIREET A	DURESS	KIA.		Ceacher		hool
212	USU/	AL RESIDENCE (# N.) THE HOME STATE	MOTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMI	1752 112. 57	REET ADDRESS / ZIP	CODE	
No 24 Paris	100.	Md. Mt		Sandy Sp		YES NO		7320 Quaker		20860
This ship with the ship with the ship will be ship wi	14. EA	THER'S NAME				15 MOTHER'S MAIDE	ENNAME			
MARYLA mpletely to and 2-sh		Harry	MIDDLE Wa	lbridge		Emily		Avery	Newma	last ln
02		VAS DECEASED EVER IN U.S.	RMED FORCES?	6b. SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRESS		St., N.W.
BALTIMORE,	- ((IF YES, (GIVE WAR OR DATES)	578-44-6	574	Mrs. Da	aphne F	R. Williams		
Pho		18 CAUSE OF DEATH (Enter	only one couse per li	ne for Les (b), and	(C1,)	/		_		ROXIMATE INTERVAL
: 4 6 9 9 9		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Resp	ina7	ary 1	gree	T.	200	
N ST		IMMEDI	00/50	AS A COMSEQUE	NCEOE	1			200	
PRESTON ne deather emave commation, or		Conditions, if any, which	(b)		dios	vascul	as (C/1005P.		
PRES: he atthe desemble emaria		gove rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUE		, 0		,	1	0
by the liby to see II, cre		underlying couse last.	(6)	545	DRE	Ted,	aneu	MITM.	W	o days.
nes tres tres tres tres tres tres tres tr		PART 2. OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	E TERMINAL D	DISEASE OR CONDITIO	N GIVEN IN PART	11(0)
RDS, equir n sig Then r to b injury	O									
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r ottending physician. Wher this certificate has been sig as the buriol-transit permit. Then than and Mental Hygiene prior to b arked or, Item 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	200		IF YES, WERE FIN	
TALR The licion. te hos sist per shows	HE							S NO	YES 🗌	NO 🗆
PF VITA Physici physicate fifticate of Hygois A 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	- 110110 4 44		Y YEAR	21c. HOW INJURY O	OCCURRED (E	ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART	2)
ON OF 'HYSICIA HYSICIA bus certiful bus certiful Mental Action of them."	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	A.A.III		19					
PHYSICIAN: PHYSICIAN: this certifica the buriol-tran he buriol-tran he def them 18	MEDICAL	21d INJURY OCCURRED	21e. PLACE O	F INJURY ET, FACTORY, OFFICE, FA	RM. ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
DIVISI ING P After th as the Ith and larked	_	AT WORK NOT WHILE AT WORK					1115			
ENDIR tal or OR: A OR: A Healt		220.1 certify that (1) (this has	/	deceased from_	6.	. 19_	\$ 3.10	6.17	19 (3	, that (I) (we) last
Spirit Spirit		sow the deceosed alive a above, (1) (we) (did) (did	not) view the body o	fter death.	, on	d that in (my) (our) as	pinion death o	accurred an the date or	nd hour and from	the causes stated
OR A DIREC Doched Dept Item		226. SIGNATURE	1.		7	DEGREE	110 145	DICAL	22; D	ATE SIGNED
ALO y the CALO detacl		(LMM)	Tones	lum-	1	MD ATTENDI		DICAL STAFF ECTOR PHYSICIAN	J 6.	1/181.
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	133	224 THYSICIAN'S NAME (14P	OR FRINT)	,	, 11	22e ADDRESS			A (77)	. 0
TO HOSPITAL of the control of the co		Christ opher	ung	er M	0,	8018	Wisc	assid ha	Bein	wick man
D		BURIAL, CREMATION, REMOVA	AL 236. DATE	23c N	AME OF C	EMETERY OR CREMAT	TORY 23	LOCATION CITY OF TOWN	COUNTY	STATE
BP		Removal	6/18/	85						
DHMH - 16 50M 4/83	24 FI	JNERAL DIRECTOR	BOARD	ADDRESS		25		D. BY REGISTRAR 256. R	EGISTRAR'S SIGN	NATURE
(VRA 15, 4)		Anatomy	Bopard		Balt	o., Md.	6-00	20.82		

	SEIEAL
TO SELL AL WILL BE WAS COMMON TO THE WAS THE W	
	•
STATE OF THE STATE	
The state of the s	

erece.k

A-territor pipelarmosta A

the 6 hours

- John

Same 6

Mayor paything and the second of the second

Line of the contract of the co

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE?

	1	7	1	5	17
NO.				10	

	7-	REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.						
		00.000	FIRST		3		AST ICE	20. DATE OF	F DEATH MON	_	YEAR	2b HOU			
4			HOMF		D.				6		. 85	1:3:			
	3. SE>	(4.1	RACE		5. DATE C		6. AGE INY	YEARS LAST BIRTHDA	MONT	HS DAYS	IF UNDER	MIN.		
3	MA	.LE		CAUCAS	IAN	JUNE		7	79	YRS.					
7		RTHPLACE STATE OR FOR	REIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMO	RE CITY OR C	OUNTY OF	DEATH				
		RGINIA		U.S.A.		WIDOWE		1 MC	NTGOME	RY			MD.		
	-	TY OR TOWN OF DEATH		I. NAME OF H		G HOME C	OR OTHER INSTITUTION	120. USUAL	OCCUPATION	1	26. KIND OI	F BUSINE			
	TA	KOMA PARK	ω		TON ADVEN		HOSPITAL		CLEANER	ORKING LIFE) 1	NDUSTRY				
	13a. S		B HOME OR OTH		13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET	ADDRESS / ZI	P CODE					
2	MA	RYLAND N	<u>10NTG0</u>	MERY	SILVER SF	PRING	YES 💢 NO 🗌		213 MIN	TWOOD	STREE	T 20	901		
-	14. FA	THER'S NAME	M:D	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDIE		LAST	ī			
7	TH	OMAS	J.		RICE		EVA		N.		GOL	IGH			
		VAS DECEASED EVER IN			16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS						
	NÔ		(IF YES, GIVE W	VAR ORDATES)	577-01-9	266	DOROTHY H.	RICE	SAME	AS 13	u	VIFE			
7		18 CAUSE OF DEATH	(Enter only	one couse per	line for (a), (b), and	d resi	-			1	BETWEEN	MATE INTER	RVAL		
		PART I. DEATH WAS	S CAUSED E AMEDIATE (Acute	Res	morary Failu	144			24 hrs				
				DUE TO, OF	R AS A CONSEQUE	NCE OF									
	1	Conditions, if ony, which (b) Necrotizing Theomonic									3 Was				
		cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									6 montes				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN													
	z	6		nditions <u>cc</u>	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDITI	ION GIVEN I	N PART 110	3			
	5	Chiphys		Ton comme					ancua In		TOT COLOR				
2	CERTIFICATION	190 DATE OF OPERATION	NC	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	_/ IN	N CERTIFYING		OF DEAT	TH?		
	RT	21g. ACCIDENT WAS UNDER	NAME OF	21b. TIME O	F IN LIFEBY		111. HOW INTURY OCCUR	YES	ио.₩	YES [1	NO [
-	Ö	OR CONTRIBUTING CAL			M. MONTH DA	YEAR	21c HOW INJURY OCCUR	KED (ENTERNA	ATURE OF INJURY IN	ITEM 18, PART 1	OR PART 2)				
	CA	(IF EITHER, NOTIFY MEDICAL		P./		19									
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET		CITY OR TOWN		COUNTY	5	STATE		
		AT WORK AT WORK													
		22a.) certify that (I) (t		6)22			0/20 1985	, to	6/22			that (I) (
		sow the deceased above, (1) (was) (did	d) (did not) v	view the body	ofter death.		id that in (my) (aur) opinion	death occurre	ad on the dote	and hour and			oted		
		226. SIGHATURE	~	M.		W.	DEGREE ATTENDING	MEDICAL	STAFF		22c DATE		-		
1		ZZÁ PHYSICIANÍS NAM	AE ITYPE OR PI	V V VVVII	<i>y</i>	VU-	PHYSICIAN [DIRECTOR	PHYSICIAN	10	012	218	.5		
		Alfred	M	12er,	M.D.		7600 Carro	11 A	lens.	Tako	na Pi	crk.	Mod		
_		URIAL, CREMATION, RE		23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOC							
	'	BURIAL		6/26/8	5 Lt	EBANOI	N BAPTIST CHUI		LFONSO		ICASTE		VA.		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather traumatic event, th

74 FUNERAL DIRECTORFRÂNCIS J. COLLINS ADDRESS 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Julia Davidson-Randalle

	0
	2
	Ē
	4
	60
	Ė
	00
	0
	G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be other distribution.
5	2
	00
2	4
4	5
Ę	4
₹	3
	- C
ž	e ×
Ĕ	
-	ه م
20	CO
-	=
z	0
2	d d
e e	o
	t e
≥	ō
0	+
ń	- in
5	6
3	3
×	0
¥	The
=	Z S
VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120	G PHYSICIAN:
z	SIC
9	PHY
5	O de

30678	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENB 5	17	1 5	6
fre death		CEASED NAME FIRST OR PRINT) HULL	GY 4. RACE	F.	S. DATE C			MONTH DAY	UNDER I YEAR	500 HOUR
at directo Fraus of	70. BI	EMALE RTHPLACE STATE OR FOREIGN TOUNMAINE	76 CITIZEN OF US	F WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O		F DEATH	
	T	akoma Park	"Wast	High of the state	NG HOME C	or OTHER INSTITUTION st Hospital	12a USUAL OCCUPATI	ON	126. KIND OF I	
should by	Ma	AL RESIDENCE (# NURSING HOME	or other institution	SILVETOS	pring	13d. INSIDE CITY LIMITS? YES XX NO 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS A		Dr. 20	903
d completely is a lond 2 sho	léa V	Horace VAS DECEASED EVER IN U.S.		Fairle	4	Audrey 17 INFORMANT	MIDDLE E.	SS	Daley	
g physicion and co anpapers. Pages 1 removal. event, the medical		(IF YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	N/A only one couse pe	007 20		Robert P. Ri	ch-husband-			TE INTERVAL SET AND DEAT
n signed by the attending Then please remove corb to burial, crematian, or r njury, or ather traumotic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(b)_ DUE TO, (OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	I IN PART 110	
hos been permit.	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFY IF		
trending physicie r this certificate the buriol-transit and Mental Hygie ed or Item 18 sho	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETIMER NOTIFY MEDICAL EXAMINATION OF COURRED ON WHILE NOT WHILE	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU		OUNIY	STATE
the hospital or otter to DIRECTOR: After the oched for use as the Dept. of Health and them 21 is marked		220.1 certify that (1) (18%%) sow the deceased alive above, (1) We (did) (%)			ui	12, 1985 and that in (my) (XX apinion DEGREE	to June			
TO FUNERAL DI should be detach with the State De IMPORTANT: # #		PATRICIA	1 0	gurn JRIY, V	2	AD ATTENDING PHYSICIAN 220. ADDRESS VIIGI NEW	MEDICAL STA DIRECTOR PHYSIC HAMPSHI	IAN []	6/8/ . Silv	185- er Sp1
®P		BURIAL, CREMATION, REMOV SPECIFY) Burial	AL 23b. DATE June	12, 1985	vame of c Gate (Silver"S			
H - 16 50M 4/83 (VRA 15, 4)		neral director nes/Rinaldi Fu	neral Ho	me 11800	N.H.		N 1 0 1985		R'S SIGNATUR	

Silver Spring, Md.



(LAND 21201	Thin 24 hours after death. Page 4 may be	III filled in by the funeral director, page 3	medicol and the most be somed of once
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate in entry in within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican over compinent tiled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove corbon pages in page. In the state of the sited within 72 hours often death with the State Dept. of Health and Mental Hygiene prior to buriot, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem. 18 shows ony injury, or other traumatic event, the midden comment with the property of the contract of

5	j	7	1	5	

176077	1.	FOR STATE REGISTRAR	77	5 /						
V eoth		CEASED NAME	onald		nmn	i	CATE OF DEATH Eketts	Zo. DATE OF DEATH MONTH		12:01 a.
ge 4 moy be ector, page 3	3. SE	Male		White		5. DATE OF	9, 1934 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 51	IF UNDER 1 YEAR MONTHS DAYS YRS	HOURS MIN.
death. Po	I	Maryland		U.S.A		MARRIE		Montgomery		MD.
by the filled with	R	Rockville		305-A Dawson Avenue			Stone Maker	KING LIFE) UNDUSTRY VIO. C	Cast Stone	
the in the led in	I.M.	AL RESIDENCE (IF NURS STATE Laryland	13b COUR Mon	tgomery	Roc KV	TOWN	13d. INSIDE CITY LIMITS?	305-A Dawso	n Avenue	20850
CX9/	E	arnest was deceased ever	INITIAL S AS	WIDDLE	Ricket	tts SECURITY NO.	Margaret 17 INFORMANT	MIDDLE ADDRESS	Cart	er
	N	YES, NO OR UNKNOWN)	(IF YES, GIV	/E WAR OR DATES]	577 4	4 9172		Ricketts same as		
certificate ing physic rompape r remavol		PART I. DEATH W	AS CAUSE	nly ane cause per D BY: TE CAUSE (a)		NO	CANCOR		8ETWEEN	MONTES AND DEATH
that the death d by the attendi ease remove co ol, cremation, on		Conditions, if ony, which gove rise to immediate cause iot, stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)								
ow requires been signed mit. Then pli prior to burit	CERTIFICATION		GTE	S			NOT RELATED TO THE TER		DN GIVEN IN PART 1 . IF YES, WERE FINDI CERTIFYING CAUSE	INGS USED
SICIAN: The Ing physician. certificate has riol-transit pe ental Hygiene Item 18 shows		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	214. HOW INJURY OCCU	YES NO NO NO NEED (ENTER NATURE OF INJURY IN IT	YES 🗌	NO []
ING PHYSIC ratending wifer the burions the burions the ond Ment ond Ment arked or Iter	MEDICAL	21d INJURY OCCURR		21e PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OF		211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE
OR ATTENDO POSTECTOR: A Ched for use ched; of Heoli Item 21 is m		saw the foreign	this hasp		UF 17	19 <u>85</u> , ar	d that in (my) (aur) opinion DEGREE ATTENDING	n death accurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN [my	that () (we) last couses stated
TO HOSPITAL (retained by the TO FUNERAL Is should be detoned in the State (IMPORTANT: If		Ralph M.					22e ADDRESS	Vest Highway Be		d. 20814
₽₽ ₽₩3 ≧	23a l	BURIAL, CREMATION, (SPECIF Burial	REMOVAL	236 DATE			d Cemetery	Derwood M	ontgomery	Co. STAMd.

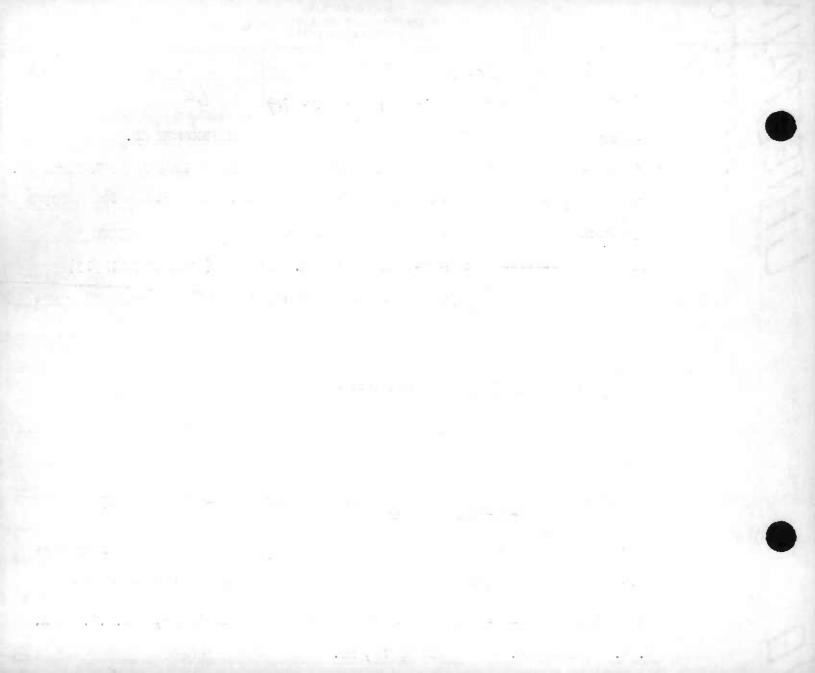
DHMH - 16 60M 7/84 (VRA 15, 4)

1331 Rockville Pike, Rockville, Md. 20852

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR 5 SIGNATURE

The state of the state of Sold the second state of the second s , . c . . . I the bear muciate a province will be a constant and chief said. The the family SE AM COMMUNICATION AND ADMINISTRATION AND ADMINIST of the second . poly TO THE DESCRIPTION OF THE PARTY 4 A P - A A D - A SERVICE OF THE SECOND STREET, NO. 2008 The reference on an extra contract of the same

But all was promite and a supplied



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

- 1		REGISTRAR				4211111				REG. NO).			
		CEASED NAME	FIRST	1111111	MIDDLE	L	AST		20 DATE O	FDEATH	MONTH D	AY YEAR	2b HC	OUR Pm
1	(TYPE	OR PRINT)	Margar	et	R.	Ro	oot	13.0	June	2, 19	85		6:5	0 M
	3. SE)	K		4. RACE		S. DATE C			6. AGE (IN	YEARS LAST BIRT		IF UNDER 1 YEAR		DER 24 HRS
		Female		Caucas		Febru	- 4	1911	74		YRS.	NONTHS DAYS	HOURS	MIN.
7	7a. BI	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	MARRIE	DXX NEVER	MARRIED .	9 BALTIMO	DRE CITY O	COUNTY	OF DEATH		
		shington			States	WIDOWE	D D	VORCED [tgomer	-	nty		MD.
6	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INS	TITUTION		OCCUPATION FOR MOST O		12b. KIND INDUSTRY		NESSOR
1		lver Spr	0	Chevy	Chase Nui	csing	Center			n Asst		Hea1		Care
	13a. S	AL RESIDENCE (IF STATE ryland	13b COUN		Chevy ('N	13d. INSIDE C	NAXX	2708	ADDRESS /		20815		
ā	14 FA	THER'S NAME	The state of	MIDDLE	LAST	The of	15 MOTHER	S MAIDEN NAM	\E				AST	15.91
Л		Albert		MIDDLE	Mathiot	.2)	Ed	ith	A	nes	T	hompso		
4		VAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMA			ADDRE		Tompoo	11	
S	()	YES, NO OR UNKNOWN	(IF YES GIV	E WAR OR DATES)	577-09-8	2003	Tames	W Poot	Sr	Samo	as No	130		
d												APPRO	XIMATEIN	TERVAL
4		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Conding Annual (Condin Dulman and)											N ONSET A	ND DEATH
Ħ		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac Arrest (Cardio-Pulmonary)												
Н	-	DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if ony, which gove rise to immediate Primary Brain Tumor									197			
1														
		underlying cause lost DUE TO, OR AS A CONSEQUENCE OF												
1		2107 2 071150	ICANEIC AND	(c)	ON ITRIBUTING TO	DE ATU BUT	NOT DELATE	TO THE TERM	NAME DISTAN	00.00.00		CALIBLE ARY I		
4	z	PART 2. OTHER S	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOI RELATE	O THE TERMI	NAL DISEA	SE OR CON	DITION GIVE	IN IN PART I	10	
-	5		PATION	181 CONTO	TION FOR MAILON	OPERATIO			20 1117	ODEVA	Tan Ir vec	WEDE FINID	IN SOLU	
4	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFO	DKWED	20a AUT			, WERE FIND YING CAUSE		
	RT								YES [NOVX	1	5 🗌	NO	
ř	Ü	210. ACCIDENT WAS		21b. TIME C	OF INJURY .M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)		
	AL	OR CONTRIBUTING		110	м.	19								
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211 LOCATI			CITY OR TO		COUNTY		STATE
	×	WHILE NO	T WHILE	(AT HOME ST	REET FACTORY OFFICE F	ARM ETC)	STREE			CHAOKIO	VN.	COUNTY		STATE
				tal) attended th	e deceased from	47	4/	10 85	to	6/2/		19 85	that /I	(we) lost
-		sow the dec	eased olive on	6/2/	e deceosed from_ 19	85	nd that in (my	(or) opinion di	eoth occurr	ed on the do	te and hour	ond from th		. , -
	18	obove, (I) (w	♠ (did) (did no	t) view the body	ofter deoth.		DEGREE					122c DAT	E SIGNE	D
	110	man front	1	-				ATTENDING	MEDICAL					
1		MA BAUS IN SE					100	PHYSICIAN X	NDIRECTOR	PHYSIC	IAN	June	2,	1985
		Carl M	argolis				11404	01d Geo	orget	own Ro	ad R	ockvi1	1e	MD208
			- Burro	MD			11404	old occ	orgett	JWII ICC	au, It	CKVII	10,	110200
5	230 B	SURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c. t	NAME OF C	EMETERY OR	CREMATORY	23d. LOC					
		SPECIFY)							CIT	YORTOWN		COUNTY		STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

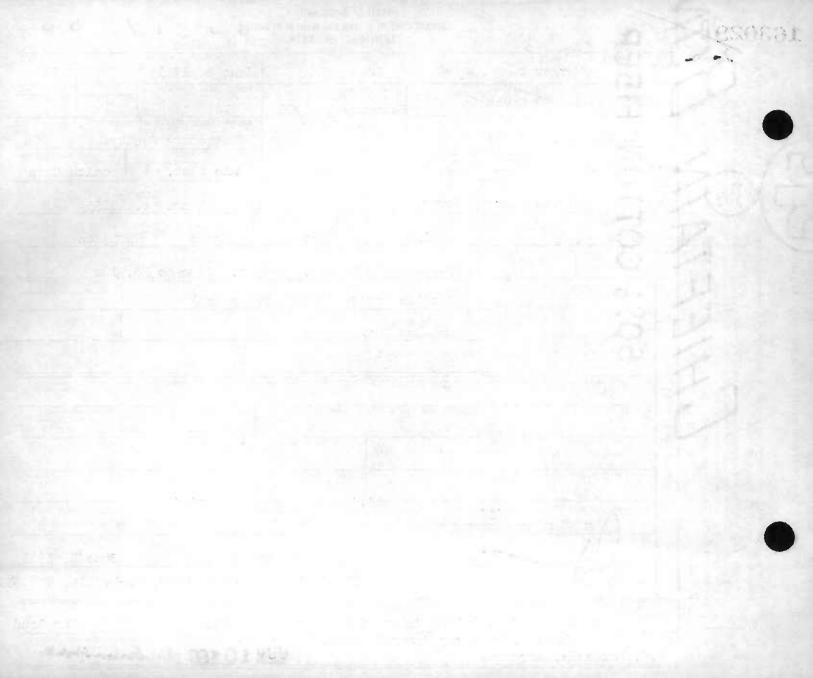
June 6,1985 Cedar Hill Cemetery Burial 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes,

P.A. Bethesda, Maryland

Suitland

Maryland

REGISTRAR 256. REGISTRAR'S SIGNATURE White Beigdon Randalle



1 - STATE

	9	E
	- 46	TP
ž	24	1
3	- 6	0
2	- 4	1
	1 -	. \$
5	1	
2	15	A.F
ii.	1 3/1	to Ye
*	4 9 2	<u> </u>
ž.	1 18	8,68
5	16.2	306
2	-	-9
ď.	4	- 5
	- 5	E
-	2	n.
n	- 5	91
7		- 4
2	1	2
n n		- 6
#	- 0	0
F	2	- 2
ž.	-	-
	2	Б
0	-	70
		: E
ď.	5.	- 2
4	- 2	
5	150	72
1	- 1	- 4
×.	7.	- 6
4	2 0	-
2	Pr 0	1
>	2.5	8
4	4 6	*
2	M m	1.5
2	10 €	37.8
2	2.2	Æ
0	0.2	
DIVISION OF VITAL RECURDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21	OR ATTENDED OF PHYSICIAN. The low requires that the death certificate or executed within 24 has a housing or executed within 24 has	DIRECTOR. After this certificate has been signed by the attending physical appropriate that on the other contributions are also and the contribution of the contributi
3	50.0	4
	0.0	18 C
	40	. 20
-	1 6	12
	PF 8	2
	W. JE	100
750	0.4	10

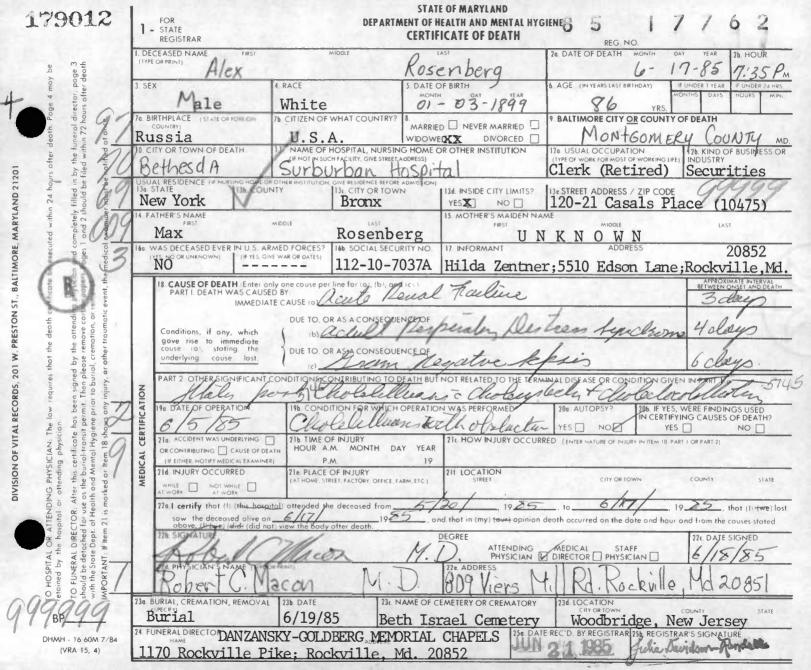
DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND

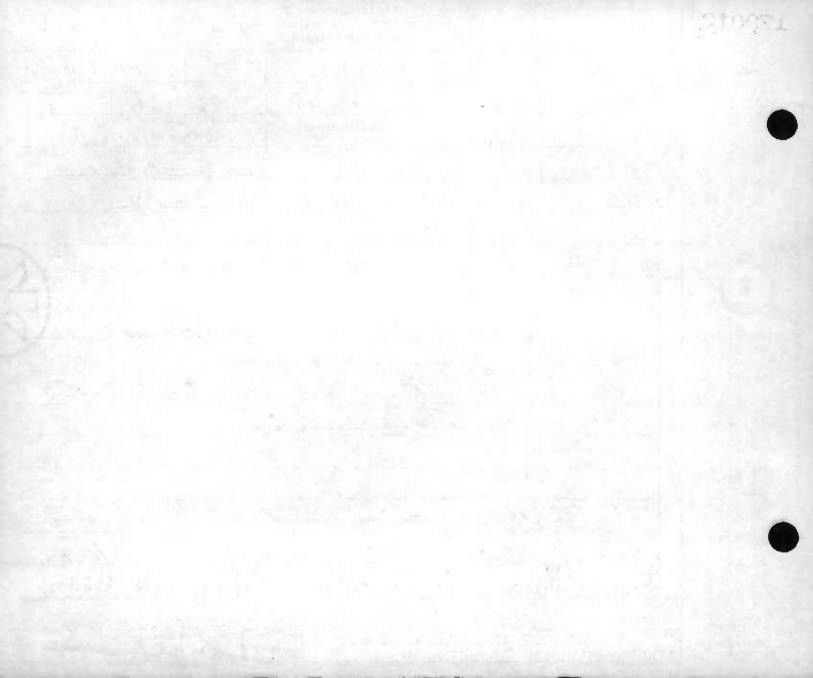
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

	- 1	ing	- 1	1
5		7	1	()
	- 4		4	9

3	REGISTRAR							REG.	NO.			THE RESERVE OF THE PARTY OF THE		
1	I. DECEASED NAME	FIRST		MIDDLE	t.	AST		2a. DATE OF DEATH	MONIH	DAY	YEAR	26 HOUR		
	(Convenient)	Betty		Louise	R	osboug	h	J. S. B.	June	07	85	10:07Pm		
1	3. SEX		4. RACE	- 11-11-20-2	5. DATE C			6 AGE (IN YEARS LAST	SIRTHDAY)	IF UND	DERIYEAR	IF UNDER 24 HRS		
	Female		Cau	casian	Ju1		1936	48	YRS		DATS	HOURS MIN.		
1	TO BURTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	2 8			9 BALTIMORE CITY			EATH			
Z	Lebanon	.,PA	USA		WIDOWE		MARRIED	Monto	020211	ME				
/	M CITY OR TOWN OF	,,	M. NAME OF	HOSPITAL, NURSI	NG HOME C			Monte 12a USUAL OCCUPA	TION	12b. KIND OF BUSINESS OF				
1	Bethesd	a /	Nava1	Hospita.	1 ADDRESS)			War tres		LIFE) IN	Res	taurant		
7	USUAL RESIDENCE (#	NURSING HOME OF		GIVE RESIDENCE BEFOR		13d INSIDE (ITY LIMITS?	13e.STREET ADDRESS	7 7 IP CO	DE	44	900		
9	Ohio	Mont	gomery	Huber H	eights	YES 📋	NO	7033 Bas			4542	4		
ú	FATHER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME						
J	Walter		T	Bush		Cat	herine	WIDDLE		(U	Inkno	wn)		
5	160 WAS DECEASED E			166 SOCIAL SEC	URITY NO.	17. INFORM	ANT		RESS			di mana		
5	NO OR UNKNOWN	(IF YES, GIV	VE WAR OR DATES)	170-28-	5849	7	Barb 033 Bas	ra AnnGust	avson uber	Helg				
	18 CAUSE OF D	EATH (Enter ar	nly ane cause per	r line far (a), (b), a	nd Ic .						BETWEEN	MATE INTERVAL ONSET AND DEATH		
1	PART I. DEAT	H WAS CAUSE		Cardio 1	Respir	atory	Failure							
1				R AS A CONSEQU								F		
	Canditions, if ony, which (b) Cervical CA													
1	gove rise to	gove rise to immediate cause (a), stating the underlying cause last.												
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									IVEN IN	PART 1/	0		
	190 DATE OF OPI	198 DATE OF OPERATION		ITION FOR WHICH	H OPERATIO	WAS PERFO	DRMED	20a AUTOPSY? 20b. IF YES, WE			WERE FINDINGS USED			
	190 DATE OF OPI							IN CERTIFYING CAUSES OF DE			OF DEATH?			
5	210. ACCIDENT WAS	UNDERLYING [216 TIME C	OF INJURY		21c. HOW It	JURY OCCURR	RED (ENTER NATURE OF IN			R PART 2)	140		
ſ	00.000.000.000.00		M(173	M. MONTH D										
	(IF EITHER NOTIFY 21d INJURY OCC			M. OF INJURY	19	211. LOCATI	ON							
H				REET FACTORY OFFICE	FARM ETC	STREE		CITY OR	OWN	CC	PINUO	STATE		
1						*1 11	٥٢		0.77		0.5			
ł	27a I certify tha	t (I) (this hosp	June 0	ne deceased from.	OF L				0.7		0.5	that (1) (we) last		
	abave, (I) (w	e) (did) (did no	it) view the bady	Patter/death.			(aur) apinian c	death accurred an the	date and h					
1	776 SIGNATORE	10	/ /	111	1	DEGREE	ATTENDING	MEDICAL ST	AFF V	-	2c DATE			
		14 7/1	ash	ell	1	17	PHYSICIAN [DIRECTOR PHYS			083	Tune 85		
/	22d PHYSICIAN					22e ADDRES	SS							
	Allan	W. Cash	ell, LC	DR, MC, 1	USN	Nava1	Hospit	al, Bethes	da MD	. 20	814-	-5000		
1	230 BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	23c	NAME OF C		CREMATORY	23d. LOCATION						
	Burial		12 Jun	e 85 D	ayton	Nation	al Ceme	de la same on a	on, O	hio	AIA	STATE		
1	24 FUNERAL DIRECTO						25a. DATE	E REC'D. BY REGISTRA	RIBBAREG	RAR'S	SIGNAT	URE		
	Capitol F	uneral	Service	, Falls	Church	, VA	JUN	1 3 1985	Mark	HUH dise	m-Na	indebe.		

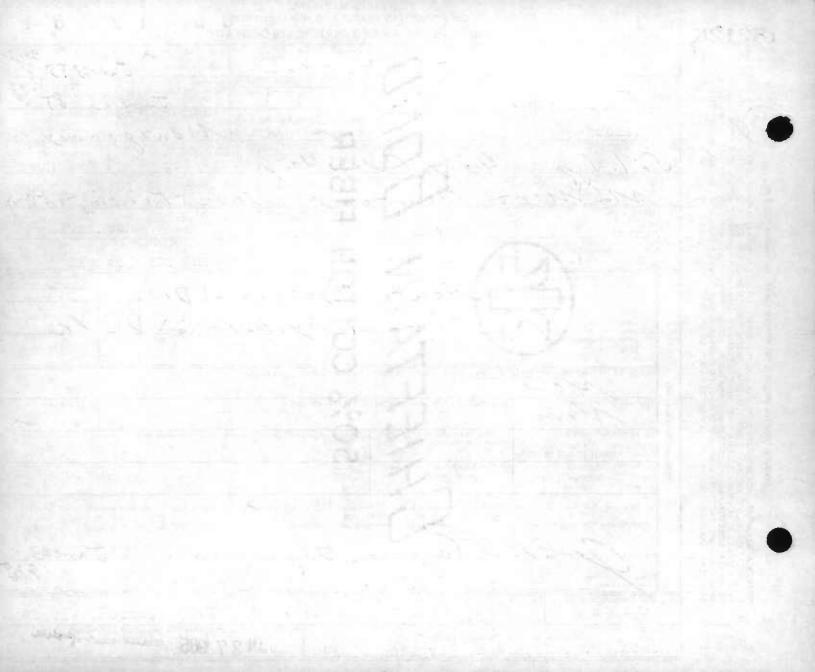




500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

DHMH - 16 60M 7/B4 (VRA 15, 4)

							MARYLAND						
4,	1-	FOR STATE			DEPARTMENT	OF HEALT	H AND MENTAL	HYGIENE	5	17	7	6 6	1
182126		REGISTRAR		ME	DICAL EXAM	AINER'S	CERTIFICATE	OF DEATH	REG. N	10.			120
		CEASED NAM	r FIRST		MIDDLE		LAST	2a. D	ATE KNOWN	HTMOM	DAY	YEAR W	197
38.58F	£141	E OR PRINT)	Marçel1	а	J.	Ri	kken	DI	OF ESTI-	17.	170	77	3
REGERAL SERVICES	3 SEX		4. RACE	5. DATE OF BIRTH	6. AGE	IN YEARS IF	d		DATE	MONTH	DAY	YEAR	MOUS
REC PREC PREC PREC PREC PREC PREC PREC P	EA	nale	Come	MONTH DAY		IRTHDAY) MON		MIN PRO	NOUNCED		1	0	72
TO YOU	1	RTHPLACE (S	Cauc.	Apr. 5,	1909 76	YRS.			ALTIMORE CITY	mel	3 19	6.1	6 N
ERAPERSS EESS	FC	REIGN COUNTRY)				8 MAR	RIED NEVER MAR	RIED Y. B	ALTIMORE CITY	OK COUNT	Y OF DEA	TH	
S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W RESTON STREET,	_	inneso		United	States	WIDO	WED DIVOR		2100	8 Ce	ma	2 5	ME
AV IS I	10 C	TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING H	IOME, OR OT	HER INSTITUTION	12a. USUAL C	OCCUPATION (TO	PE OF WORK	12b. KIND	OF BUSIN	ESS
ALAE DO	0	1	Pan	4	0/4/	1/1	35400x	Home	maker	23.27		Hon	ne
201 LD 3 TO T TAIN PA ULD BE F		L RESIDENCE	(IF IN WIRST & HOME O	R OTHER INSTITUTION, O	IVE RESOUNCE BEFORE AD	MISSION)	,			200		1101	10
5 25 E E E	13a. S	TATE	136. COUNT		13 CITY OR TOV	VN	YES NO T	13e STREET A	ADDRESS	. 208	9.5	· 6	4.
- 4 CON -	14 E	THER'S NAME		D D	11017	9707	IS. MOTHER'S MAIL	102	201	env	ingi	Tide	-
4 6 4 5 A		1fred		MIDDLE	LAST		FIRST	DEN NAME	MIDDLE	Das	LAST		/
S 505 0					Bohri		Regina				tter	ring	
WI BEARING	16a. \	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SEC		17. INFORMANT		ADDRES	SS			
BALTIMOR SATER DE GIVE PAGE INFESION WISION OF		No			215-48	-4442	Donna L	. Rykk	en, sar	ne as	#13		
± 6 ≥ 1 0		TE CAUSE C	F DEATH (Enter onl	y ane couse per lin	e for (o) (b), and (c)	.)					APPRO	DXIMATE INTE	RVAL
PRESTON ST TITHIN 24 HOUSE CIL IN ITEM IS AFE ALONG ALE HYGIENE, REMOVAL		PARTIDE	ATH WAS CAUSED		ACILI	5. /	11.4001	Jdi's	1 17,3		BEIWEER	N UNSET AND	DEATH
O 250000			IMMEDIAI		R AS A CONSEQUEN	NCE OF							
SE SESSE			ns, if any, which	-	0/		· /		1 1	Di	Y		
STAN STAN	3.5		se ta immediate) stoting the under-	(b)	R AS A CONSEQUEN	3 3 7	0/10/00	DEVE	2121	4 10	1	<u></u>	
L RECORDS, 201 W. PRESTO JUD BE EXECUTED WITHIN 24 "PENDING" IN PENCIL IN II F MEDICAL EXAMINER AGE AS A BURISAL-TRANSIT PH HAALTH AND MENTAL HYGO IL, CREMATION, OR REMOV		lying cau		000,00	AS A CONSEQUE	NCE OF							
TO THE TOTAL				(c)									
AL RECORDS, OULD BE EXECT D. PENDING INF. MEDICAL SEED AS A BUR F HEALTH AND IAL, CREMATIC	1	PARE 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEA	ASE OR CONDITION GIVEN IN I	PART 1 (a),					
RECO ID BE PENDI MEDI MEDI MEDI MEDI MEDI MEDI MEDI ME	CERTIFICATION		140x	4		18.0							
ALR SED SED FEE	13	190 DATE OF	OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED?				2D AUT	OPSY?	
	E	/	n and								YES	□ N	000
OF VIT ATE SH THE CH THE CH TO BUR TO BUR	1 8		AL CAUSE WAS	216. TIME O		21c. 1	HOW INJURY OCCURE	RED LENTER NATUR	E OF INJURY IN ITEM I	8 PART 1 OR PAR	17.2)		
ION OF THE CAT THE CAT TO THE VOULD HOULD TO RETAIN TO RETAIN TO RETAIN TO RETAIN TO RETAIN THE VOULD THE	1	UNDERLYING	OR NG CAUSE OF D		A. MONTH DAY A. 1								
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPARTI	MEDICAL	21d INJURY C	OCCURRED	21e PLACE	OF INJURY (AT HO)		OCATION						-
S CE SEED OF THE PER SEED OF T	×	WHILE	NOT WHILE C	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY	ORTOWN	COU	INTY		STATE
DIN THIS C WARDI PAGE 31ATE 21201		AT WORK	AT WORK										
DIVISIGNER: THIS CERTICATE, WRITING CATE, WRITING CATE, WRITING OR, PAGE 3 SHHE STATE OF PAGE NO. 21201 PRI		22a I certi	fy that I took charg	e oI the remains de	scribed above, held	an Auto	psy . Inspecti	on In	quiry	end in my ap	inion		
8 E B E E S		deoth result	ed fram: Natur	al causes 🔼	Accident	Suicide	, Homicide .	Undetermin	ned manner				
EXAMI CERTIFIC BE DIRECT WARYL			1	3 -2/1			TITLE (SPECIFY)						
A PACALLY T		ACTUAL SIGNATURE	12-6	10	10-20	10	MDDan.	MEDICAL	EXAMINER	DATE	Jan	~c23	
OR SEA		4	_		1		101			00.1		10	185
MEDI FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN	-	EXAMINER'S (TYPE OR PRI	NAME JC	hn S. R	logers, l	M.D.	_ADDRESSSil	ver Sr	nary R	Mary]	land	209	fo
TO MEDICAL EXAMENCE THE CERTIFICATION OF A SHOULD BY TO FUNERAL DIRE A SHOULD BY THE CEATH, WITH BALTIMORE, MARY	23a.B	URIAL, CREMA	TION, REMOVAL 2				OR CREMATORY	23d. LOCAT	ION		CHILL.		
	(:	Buria	11	26, 198			emorial I	Park	alls (hurcl	h. V	irgi	ni:
07/B4 BP	24. F	JNERAL DIREC	TORDODOMA	- A D				REC'D. BY REG	ICTDAD TOSE DEC	CICTRADIC CI	ICALA TRIBE	1.00	
DHMH - 17 (VR A15 ME (5))	П	OM O C	D A D	though	phrey F	unera	074	IINOT	1985 912	a David	son-10	Marie	,
(AK A13 WE (2))	1	omes,	I.A. BE	thesaa,	Marylan	na 20	814	011 6 1	WW (5.0			



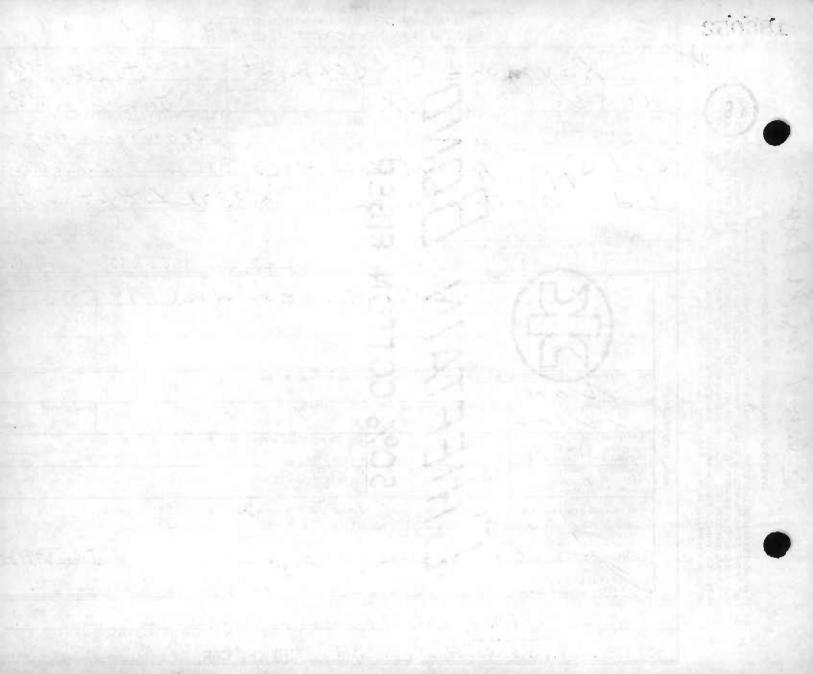
186067	1 - STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 / 7 / 6							
/		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
noy be	TYPE	OR PRINT)	CORNE	LIUS	EDWARD	SI	. CLAIR	June 27, 1	.985		9:55P N
You god	3. SE	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	_	UNDER I YEAR	IF UNDER 24 HRS
rs from	M	ALE		WHITE		DECE	MBER 9, 1931	53	YRS.	DAYS	HOURS MIN.
		RIHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
I GO OF	We	st Virgi	nia	United	States	WIDOWI	DIVORCED	MONTGOMER	Y COUNT	Y	MC
Live	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
5 2 2	B	ETHESDA		10,000	ASHBURTO	I LAN		Hairstyli	lst	Hair	salon
thoused in	USU. 13a. S	AL RESIDENCE (# NUI	13b COUN	VTY	13c. CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
NA 2	MA	RYLAND	MONTO	GOMERY	BETHESI	DA	YES 🔀 NO 🗌	10,000 ASI	HBURTON	LANE	20817
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. When this certificate has been signed by the oftending physician and completely filled in but she burial-transit permit. Then please remove corbon papers, Pages 1 and 2 should be filled in the nod Mental Hygiene prior to burial, cremotion, or removal. Orked or frem 18 shows onn injury, or other troumatic event, the medical examiner may be a content of the node.	M. FA	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
X Po E O CA		William			St. Cla		Etta	ADDR		ochra	ın
MORE,		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	200		
IIM		yes	Kor	ea	235-52-0)957	BETTY J. ST.	CLAIR (WIF	E)	SAM	
sicio periodi.	7.0	18. CAUSE OF DEA	TH (Enter or	nly one couse pe	r line for (o), (b), on	d (ci.)				BETWEEN C	MATE INTERVAL
phy npo mov		PART I. DEATH		D BY: TE CAUSE (o)	ACQUIRED	1mm	UNODEFICIENCY	5 SYNDROM	E	1	YEAR
N Cer			MARCOIA			3000					
. PRESTON ST., BAL the death certificate the ottending physici remove corbanpaper emotion, or removal. er traumatic event, th		Conditions, if on	u udatela		R AS A CONSEQUI	ENCE OF					
an opinor		gove rise to in	nmediate	1b)							
W. the creath the creath the creath		couse (o), state underlying cous	ing the ie lost.	DUE TO, C	R AS A CONSEOU	ENCE OF					
or oth				(c)							
DS, 2	NO	PART 2. OTHER SIG		ANEMIA			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	31
0 e e e e	Ĕ	19a DATE OF OPER		, , , , , , , , , , , , , , , , , , , ,	/		N WAS PERFORMED	20s AUTOPSY?	20h JE YES	WERE FINDIN	IGS LISED
REG os b os b os b os b	CERTIFICAT	THE DATE OF CITE		176. COND	morrow winer	OI EIIIII	TO TEN ONNED		IN CERTIFY	NG CAUSES	OF DEATH?
TAL The The Cior	=	21a. ACCIDENT WAS U	IDEALUNG F	7 21b. TIME C	SE INTUINE		Tal. How hallow occur	YES NO	YES		№ □
AN: Shysishing		OR CONTRIBUTING	-	110110 1	.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I I OR PART 2)	
JN OF IYSICIA ding pl ding pl is certif buriol-t Mentol-t	3	(IF EITHER, NOTIFY MED	DICAL EXAMINE		.M.	19					
PHY andis	MEDICAL	214 INJURY OCCUI			OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC.)	211 LOCATION STREET	CITY OR TO)wN	COUNTY	STATE
N of the standard of the stand	2	AT WORK NOT V	ORK ORK								
ADIN OF Second		220.1 certify that (this hosp	ital) attended th			ine 19 84	to_ JUNE	27 19	85	that (we) lost
TTEN Diffel TOR For U		sow the decea	sed olive on	JU NE		84 . 0	nd that in my (our) opinion	death accurred on the d	ote and hour a	and from the	couses stated
REC PPT.		22b. SIGNATURE	(ala) (ala ne	View the body	offer deofn.		DEGREE			22c DATE	SIGNED
AL DI AL DI II. If He II. If He II.		William	みし	Silver	ruen	V	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN		7-85
NER A By	8	224. PHYSICIAN'S N			,	1 1		EXECUTIVE			
TO HOSPITA retoined by TO FUNERA should be de with the Stot		WILLIA	m H.	SILVERI	MAN		Rock	mie, mo	208	52	
5 등 5 분 및 종 <u></u>	23a. F	BURIAL, CREMATION		123h DATE	230	NAME OF C	EMETERY OF CREMATORY OF THE COLORY	23d. LOCATION			
BP		SPECIFY)		June	28,		crematory	A 1 A Y A P d		COUNTY	STATE
Dr	24 FI	Cremati JNERAL DIRECTOR	Richa	and Des	1985 IMe	trop	olitan Izsa DA	Alexand F. REC'D. BY REGISTRAR	LIA,	VII BI	III a
DHMH - 16 50M 4/83	1	NAME O / TO C	KICHE	iru kal	P, Inc.			1111 01 1000			Randage
(VRA 15, 4)	15	04 T St	reet,	NW,	Washing	ton,	DC 20009	1000	U		

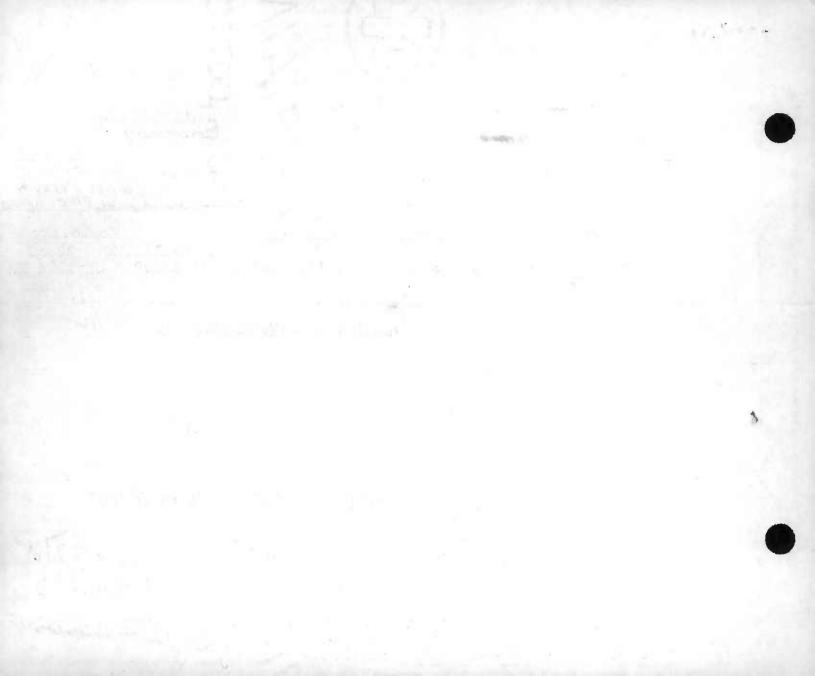
Jan Bar Process of the state of the sta THE STATE OF THE PROPERTY OF

				STATE OF MARYLAND
40	4000		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 7 7 6 6
10	4062		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	IA.		CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN 20 MONTH DAY YEAR 25 HOUR OF ESTI-
	23.8.8.8		Helen	TO WAR WOCZ OF ESTI- DEATH MATEUR 2519 FT 9 DM
	A SE	3. SEX		BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 24 HOUR
	N S T S N		E 11/ April	12117 GREEN MONTHS DAYS HOURS MIN PRONOUNCED TUNC 20 63 PM
I CALLED	NECESSARY, PIEASE LINERAL DIRECTOR. FOR YOUR FILES. WITHIN Z HOURS PRESTON STREET	7a. B	RTHPLACE (STATE OR 76 CITIZEN	NOF WHAT COUNTRY 18 19 BAITIMORE CITY OR COUNTY OF DEATH
	SHOW THE SECOND	4 400	REIGN COUNTRY)	MARRIED NEVER MARRIED
	ZZ n 3	Nt		SA WIDOWED DIVORCED A GOOD OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF VOX. 126 KIND OF BUSINESS
	2年20日	10.0		N SUCH FAGILITY, GIVE STREET ADDRESS) OR INDUSTRY OR INDUSTRY
	HE 188	0	21. Jpg. H	OLY Cropp HOUSEWIFE
102	ASSES OF	13a S	L RESIDENCE (IF IN AURSING HOME OR OTHER INSTITUTATE 136 COUNTY	UTION, GIVE RESIDENCE BEFORE ADMISSION] 131. CITY OR JOWN 134. INSIDE CITY LIMITS? 138. STREET ADDRESS 20910
BALTIMORE, MD. 21201	4. 新香港		Med Mont	1071, Opg YES NOT STON VOVING VELENS
M O	Talenda F	14.47	THER'S NAME FIRST MIDDLE	LAST 15 MOTHER'S MAIDEN NAME MIDDLE LAST
m,	E2053510		UNKNOWN	UNKNOWN
NO.	RS AFTER DE GIVE PAGE VITH FORM PAGES 1 DIVISION OF		AS DECEASED EVER IN U.S. ARMED FORCES	
Î.	AFTE NGES SIOP		(IF YES, GIVE WAR OR DATES)	
	URS AF B. GIV WITH T. PAC DIVISI		0	062-01-4780 VIC SAVOCA VIENNA, VIRGINIA 22180
PRESTON ST.,	700>-		18. CAUSE OF DEATH (Enter only one couse part I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
Z	AL. AL.		IMMEDIATE CAUSE (o)	
STC	AN ALCA			TO, OR AS A CONSEQUENCE OF
000	E S S S S S S S S S S S S S S S S S S S		Conditions, if any, which gove rise to immediate (b)	
*	SZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		couse (a) stating the under-	TO, OR AS A CONSEQUENCE OF
201	N A A A A	3.6	lying couse lost.	
S,	SECTION AND A SE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	10 OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
DIVISION OF VITAL RECORDS,	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 15 FORWARDED TO THE CHEIF MEDICAL EXAMINER ALONG "OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANST PERMIT FHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	1 CONSTITUTE OF THE PARTY OF TH	O OCATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).
<u>S</u>	A AS CR	CERTIFICATION	19a. DATE OF OPERATION 119b. C	
¥	SHOULD ONE "PE CHIEF A E USED A TOF HE UNIAL, UNIAL	Š	1/.	CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
Z.	WORD WORD WORD WING WING WING WING WING WING WING WING	E	Mone	YES NO 🔀
- L	SAN	8		TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UR A.M. MONTH DAY YEAR
Z	SEOSTA!	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19
ISIC	SH SH	ă	21d. INJURY OCCURRED 21e P	PLACE OF INJURY (ATHOME, 21f. LOCATION
20	S G S G S G S G S G S G S G S G S G S G	X	WHITE I NOT WHITE	REET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	THIS WARE PAGE 2120		AT WORK AT WORK	
	L EXAMINER: E CERTIFICATE DUID BE FORM L DIRECTOR: H, WITH THE S MARYLAND,		22a. I certify that I took charge of the rema	oins described obove, held on Autopsy 🔲, Inspection 🕟 Inquiry 🔲, ond in my opinion
	るでいしょう		death resulted from Notural causes	accident , Suicide , Homicide , Undetermined monner ,
	ARY AR		//-~//	TITLE (SPECIFY)
	A A A		ACTUAL SIGNATURE	DATE
	SEE SEE SEE	-		M.D. Dog MEDICAL EXAMINER SIGNED UNE 1993
	MEDI CUTE FUNE FUNE FUNE		MINER'S NAME JOHN S. ROC	GERS, M.D. 1949 SEMINARY ROAD SILVER SPRING, MD.
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE A SHOULD E TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY	23n B	DRIAL, CREMATION, REMOVAL 236. DATE	ADDRESS
,		(5	PECIFY)	CITY OR TOWN COUNTY STATE
07/84 25M	BP			8, 1989 PARKLAWN CEMETERY ROCKVILLE MONTGOMERY MARYLAND POR 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE
	DHMH - 17		NAME INTRICES J.	MURRESTING
	(VR A15 ME (5))	1500	UNIVERSITY BLVD.W.	SILVER SPRING. MD. JUI 01 1985 July String May Day of

TESTER TO THE MENT OF THE PARTY XHarren 15 Kelgy Kely Cross Hay Kelpen Belle Co with many of your water many water Acres 1200 Level 1 100 100

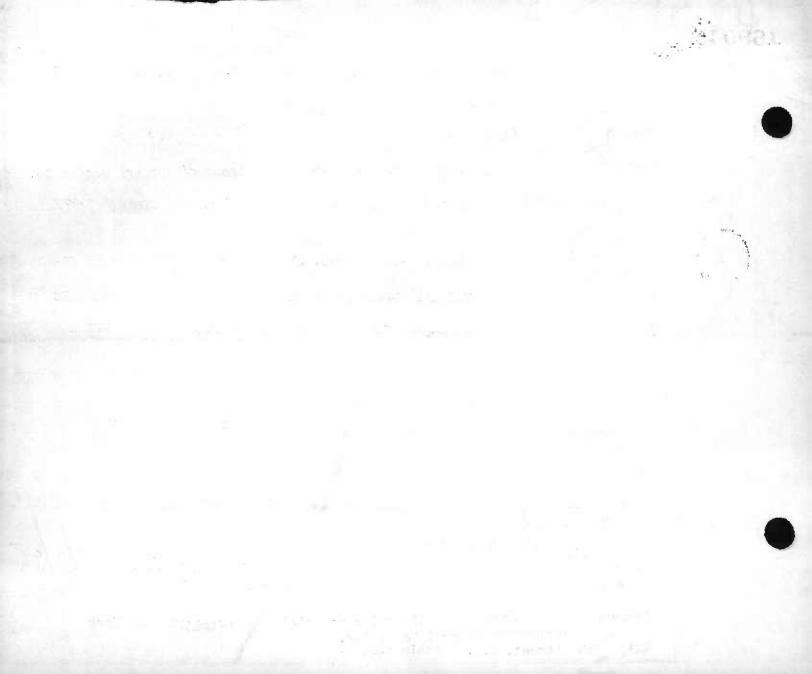
18	6052	1-	FOR STATE		STA DEPARTMENT OF DICAL EXAMIN	HEALTH	MARYLAND I AND MENTAL HYGIENE & CERTIFICATE OF DEATH	17	167
•	O 3 TO THE FULL SEADY CASE O 3 TO THE FULGRAND DISCORDED OR AND PACE SO OR PETRING TO SEAD SEAD OF SEAD SEAD SEAD SEAD SEAD SEAD SEAD SEAD	I SED	RTHPLACE (STATE OR REIGN COUNTRY) ENNSYLVANIA TY OR TOWN OF DEATH	5. DATE OF BIRTH MONTH DAY OCT 16, 7b. CITIZEN OF W U.S III. NAME OF HOS (IF NOT IN SUCH FA	VEAR 1896 1896 1896 1896 1896 1896 1896 1896	ARS IF UNITED MONTH	DER I YR. IF UNDER 24 HRS. 26 HIS DAYS HOURS MIN PROJ JED NEVER MARRIED PROJ JED NEVER MARRIED PROJ JER INSTITUTION 126. USUAL C FOR MOST	REG. NO. ALTE KNOWN & MONTO OF ESTI- EATH MATED THE MONTO DATE MONTO NOUNCED DEAD ALTIMORE CITY OR COU DECLIPATION (TYPE OF FOR PARTING HE) ERVISOR	DAY YEAR 20 HOUR 17 19 CU AM NTY OF DEATH
ROYE MD. 212	FREETH, IF AN PAGES 1 2, AN CORM PM 3, RET ES 1-AND 2 SHOK ON OF WACIGES	14. F/	ATHER'S NAME FRST ALBERT VAS DECEASED EVER IN U.S. ARA	MIDDLE G. AED FORCES? WAR OR DATES)	SCHMID SCHMID 166. SOCIAL SECURIT	Y NO.	15 MOTHER'S MAIDEN NAME FIRST MARY	MIDDLE ADDRESS	GOLDEN BAUGHTE
ORDS, 201 W. PRESTON ST., 84	EXECUTED WITHIN 24 HOURS, IN SING" IN PENCIL IN ITEM 18. GI SING" IN PENCIL IN ITEM 18. GI A BURIAL - TRANSIT PERMIT. PA HAND MENIZAL HYGIENE. DIV EMATION, OR REMOVAL.	z	YES WW 18. CAUSE OF DEATH (Enter onlead to part I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS (1)	y one cause per line DBY; E CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF OF	MARIE SCHMIDT	SAME AS1:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL REC	THIS CIRTIFICATE SHOULD B WRITING THE WORD "PEN WARDED TO THE CHIEF ME WARDED SELUSED AS TATE DEPARTMENT OF HEAR 21201 PRICE TO BURNAL. CR	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF D 71d INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF HOUR A.M. P.M. 21e PLACE	M. MONTH DAY YEAR	21c Ho	OW INJURY OCCURRED (ENTER NATUR)		2D. AUTOPSY? YES NO PART 2) COUNTY STATE
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFTER DEATH WITH THE S BALTIMORE, MARYLAND,	23a. BI	ACTU SIGNATURE EXAMPLES NAME JOHN S OR PRINT) JRIAL, CREMATION, REMOVAL [2]	ol causes . ROGERS			Homicide Undetermin TITLE (SPECIFY) D. MEDICAL ADDRESS 919 SEMINARY	EXAMINER SIG	SPRING, MD.
07/84 25M	DHMH - 17 (VR A15 ME (5))	24 FL	BURIAL	6/29/85 IS J. COL	GATE OF	HEAV	EN CEMETERY SILV	ER SPRING	MONT MD. S SIGNATURE



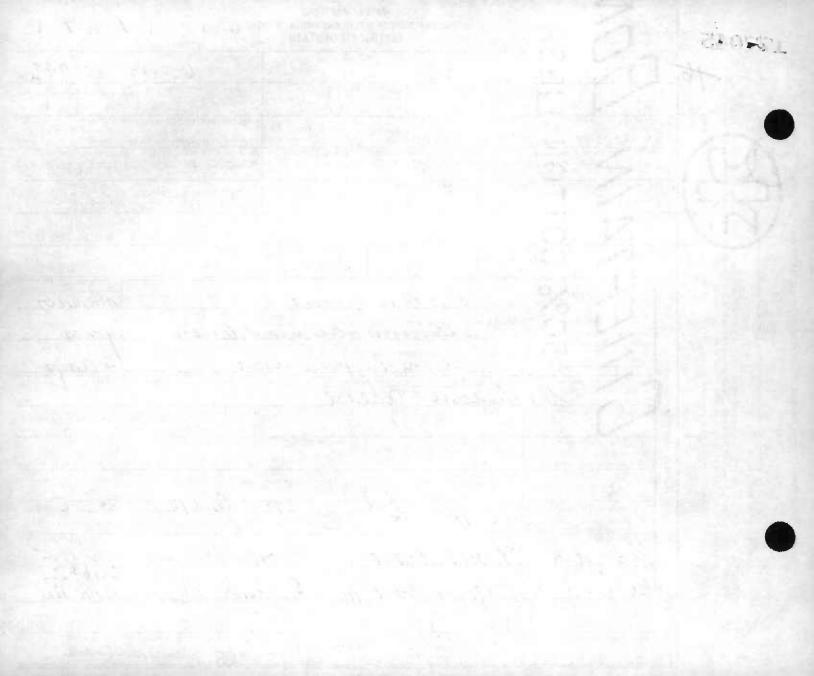


	1						E OF MARYLAND			, ,	1 15
184031	1.	FOR STATE			DEPA		EALTH AND MENTAL HY	GIENE 8 5	1		0 3
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			*
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
oy be	1	Jos	Seph			Sch	Brlow	06/20/	82		19 /5m
o Do	3. SE			RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
O ge 4		Male	-	Whit		70	22 YEARS	69	YRS.		MIN.
nerol di no 77 ho		RTHPLACE (STATE OR F COUNTRY) CHANGE	OREIGN /	6. CITIZEN OF	WHAT COUNT	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Montgome	-	PUEATH	MD.
by the fu	1	TY OR TOWN OF DEA	TH /		HOSPITAL, NUR CHEACILITY, GIVE ST LOW		OR OTHER INSTITUTION	Self-Employ			Collectiv
Filled in nould be		al residence (# nurs	V est	b b	MATTER	FORE ADMISSION)	THE CITY LIMITS?	12. STREET ADDRESS 1	ZIP CODE	30067	1999
MARYLU ARA	14. FA	Reuben	N	NDDLE	Schwa	rz	13. MOTHER'S MAIDEN NA Mälka	MIDDLE		Ungl	er
IMORE,	16a V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166. SOCIAL S 055-16		Mary Schwar	LZ (Same as			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate by resolution thin 24 hours of the this certificate has been signed by the attending physicial and the strike of the strike of the signed by the attending physicial and the signed by the and Mental Hygiene prior to burial, cremation, ar remayol. The signed or term 18 shows any injury, ar ather troumottic event, the mistian arriver mist be an arriver and the signed or term 18 shows any injury, are ather troumottic event, the mistian arriver mist be an arriver.		PART I. DEATH W Conditions, if any, gave rise to imm cause (a), stating underlying cause	AS CAUSED IMMEDIATE which nediate ig the	DUE TO, C	OR AS A CONSE	OUENCE OF	Vaxuler	Hecioley		60	layp
os, 20 signe hen pl a bur jury, q	z	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN	N IN PART 110	
he law rec an. has been t permit. If	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
OF VITA Glavit g physici ertificote indi-tronsil intel Hygi em 18 sh	1	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A	OF INJURY L.M. MONTH	DAY YEAR	ZIE. HOW INJURY OCCU	RRED (ENTERNATURE OF INJUR	Y IN ITEM 18 PAR	TIOR PART 2}	
IVISION IG PHYS otherdin ter this c s the bur and Me	MEDICAL	21d. INJURY OCCUR			OF INJURY TREET, FACTORY, OFF	ICE, FARM, ETC.)	ZII. LOCATION	CITY OR TOV	vz /	COUNTY	STATE
R. Af		220 certify that (I)		12/1	1 4	The same of the sa	19	, to	Je) 19	05.	that () (we) lost
AL OR ATTE the hospite AL DIRECTO ste Dept. of 1. If Item 21		sow the Neceoss obove, (I) (ive) (c) 27b. SIGNATURE	didylaid not	Wiew the bod	y ofter death.	- 00	DEGREE	MEDICAL STAF		22c DATE 5	SIGNED
O HOSPIT. O FUNER, O FUNER, in the Ste virth the Ste		DR. FRE	D A. (GILL, M	ı. ď.		CHEVY CHASE	BOULEVARD			
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23o. I	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP		SPECIFY) Burial	4	6/21/			ebron Cemeter	y Flushing,	Que	zens.	New York
DHMH - 16 50M 4/83	232	MEED DIMECTOST	EIN HE STREFT	BREW M	EMORIAL WASH	FUNERA	L HOME 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATI	

(VRA 15, 4)



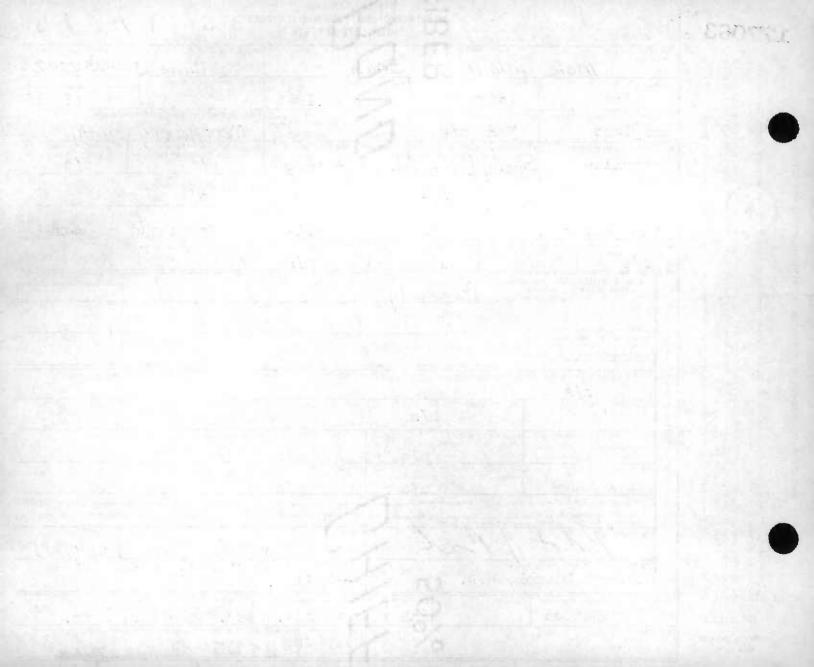
177	045	1	FOR STATE REGISTRAR	DEPARTN	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 5		11	7 1
TEL	UAU	1.	DECEASED NAME FIRS	WIDDLE	l.	AST		MONTH DA	YEAR	2b. HOUR
pe	55 H	7	TYPE OR PRINT) John	VanCleve		cott	6	18	85	735
you	god de	3	SEX	4 RACE	5. DATE C	DF BIRTH 1892	6 AGE (IN YEARS LAST BIRT	HDAY)	F UNDER I YEAR	IF UNDER 24 HRS
4	s offe		Ma1e	Caucasian	Dece	ember 17.	92	, MC	ONINS DATS	HOURS MIN.
A S	13 /-	7/7	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OF	YRS R COUNTY C	OF DEATH	
	14 6		New Jersey	United States	MARRIE	D NEVER MARRIED	Montgomen			440
10	21 /27		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		Montgomen	NC	12b. KIND OF	MD. BUSINESS OR
. []	11 10	2	Bethesda	Fernwood House	ADDRESS)		Typesette	working LIFE)	Print	ing
	5 27/	1	SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZID CODE	208	
2 PD	filled outd			tgomery Bethe	sda	YES NO X	9848 Sing			
	15 77	- 14	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA				
B B	17 /15	0	Winfield	Scott		Florenc	e A.		VanC	leve
4	8 F F	110	WAS DECEASED EVER IN U.S. AF			17 INFORMANT (Dau	ghter) ADDRE			
¥ 3	9 8 1		(YES NO OR UNKNOWN) (IF YES, GI	148-24-	7975	Elizabeth	E. Lawrence	e	Same	as#13
ole o	open de		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), and	l (c).)				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
1	out of the course		PART I. DEATH WAS CAUSI	TE CAUSE (o) Canal	car	circust			min	ulos
2 S	ndin corb		BARTA	DUE TO, OR AS A CONSEQUE	NCE OF					
de de	othe stron stron	1	Conditions, if ony, which gove rise to immediate	(16) artene	os cle	roll hea	of disease	2	year	12
	t cent		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	1.	an		1111	
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAM: The low requires that offending physician.	pleos priol, or o		PART 2 OTHER SIGNIFICANT	(c)	R CALL DUT	e preumin	AINAL DISEASE OR CON	DITION CONT	19 au	up
duire	sign hen to bu			CONTRIBUTING TO L	DA	DAAD	VINAL DISEASE OR CONL	JITION GIVE	N IN PART ITO	1
	mit. I	5	190. DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
ne lo	57 61 61 150		19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				YES NOTE	IN CERTIFY YES	ING CAUSES	OF DEATH?
NI Z	ficote ho fronsit pe Hygiene 18 show		210. ACCIDENT WAS UNDERLYING		V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PART 2)	
OF CIA	iol-tr intol tr		OR CONTRIBUTING CAUSE OF DE	inin i	19					
SHYS ndin	d Me		(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARAA FTC)	21f. LOCATION	CITY OR TO	WN	COUNTY	STATE
No.	fter os th th on orked		WHILE ON WHILE OF AT WORK		0		1			-
ON TO	Use Use Heolis m			ing Imended the decegued from_	Ties	19 78	to flow 18	, 10	9.25., 1	no (we) lost
ATTE	d for d for t. of m 21		above, (i) (we) (did) (did no	of riew the body after death.		nd that i (our) opinion	death agurred on the do	te and hour		
S S S	DIRE Oche Dep		1/1/10	" col		DEGREE ATTENDING.	, MEDICAL STAF	F	22c. DATE S	IGNED
ITAL by th	De deto	4	Moderal V.	allmante	auc	PHYSICIAN T	MEDICAL STAF DIRECTOR PHYSIC	IAN 🗌	16/6	8/85
OSP	should be det with the Stote		Whiten I A	Q FL	/_ /	1115 - P	1 11 DL	D	00100	501
TO HOSP retoined	Show Mith	+	willred o	1 Lirmann	aut	11/25/100	MAINE VIIC	e, ho	KUIK	IVA
		2.	BURIAL, CREMATION, REMOVAI SPECIFY Burial			emetery or crematory nd Memorial	Hanover		COUNTY	STATE
BP.		2					E REC'D. BY REGISTRAR	Sh REGISTA	Ne AP'S SIGNATHI	
	- 16 60M 7/84			ert A. Pumphre					n-Randel	



	الم	2 hg
	deot	uner
	fer	wit
201	50	by
21	hou	d in
AND	1 24	fille
RYL	4	10
MA	9	D D
ORE,	000	Person
IMO	2	0.0
SALT	1	Die di
T	1	整
N	A	dia grad
ESTO	To a	100
9	a +	the c
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	hot	by
, 20	res 1	and u
RDS	edo	The The
60	*	bee mit.
AL R	he on.	hos
VII	N. T	cote
OF	ICIA 9 ph	ertif iol-t
O	HYS	his o
N N	AG P	ter t
۵	07	R. Al
	TTE	Por for
	OK ATTENDING PHYSICIAN. The low requires that the destination of the destination of the about of the destination of the destination.	DIRECTOR: After this certificate has been signed by the official memoric on and completely filled in by the funeral d oched for use as the burial-transit permit. Then please remove approximate the figure and 3 should be filled within 72 ha
-	9	0

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) June 17, 1985 5:20P Scully Gerald Andrew AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR FUNDER 24 HRS MONTH DAY YEAR White Male 1934 20 Nov. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Montgomery Wash., D.C. U.S.A. WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Sangamore Road TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda Diplomat Cab Co. Taxi Driver USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13t. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 20816 Bethesda 5303 Sangamore Road Maryland Mont. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Gerald Scully Mary Howser 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 578-48-9139 W. Russell Lamar. Same as item 13. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Medical IMMEDIATE CAUSE (o) Cardio respiratory arrest DUE TO, OR AS A CONSEQUENCE OF b) Metastatic head and neck cancer Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF Mayle underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19n DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M Released (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from June 10 sow the deceased alive on June 10 above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated TO FUNERAL DIRECT should be detoched for with the State Dept. o MPORTANT: If Item 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL June 18, 1985 DIRECTOR PHYSICIAN Lombardi Cancer Research Center STEFAN KOREC 3800 Reservoir Rd. NW. Washington, D.C. 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 6/20/1985 St. John's Cemetery Burial Forest Glen. Maryland 24. FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 5130 Wisc. Ave., N.W. Wash. D.C. whie Davidson Randelle (VRA 15, 4)

5.0:	201 177 and	772	Tall to work the	-Minn
	0	170[.vol. 50 http://	ela i
	Table Cape	x	33	
io a moduli	erin 1		S of sec	20 to 4,50
745 2	(months along			. Sea . T . In Ity :
7100000,7		770	7.110	1.5
	with the same of the	<u> </u>		0
			and supplied	
, ef east		alino.		

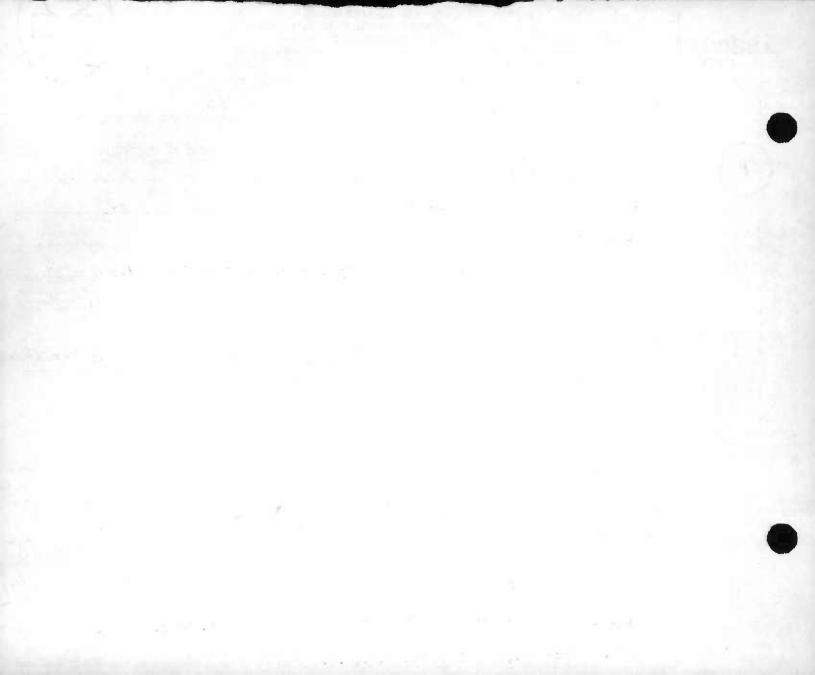


177112	1	FOR STATE	DEPA	STATE OF MARY RTMENT OF HEALTH AND	MENTAL HYGI	ENES 5	177	74
TALTIN		REGISTRAR		CERTIFICATE OF		REG. N		
1 1/3	I DE	DOROTHY	Louise	SHARE		JUNE	19, 1985	26 HOUR, 5
1 240	3 SE	EMALE	CAUC CAUC	S. DATE OF BIRTH MONTH DAY MAY / 7	1898	AGE (IN YEARS LAST BIE	YRS.	
1 10 FA	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		7070	BALTIMORE CITY	OR COUNTY OF DEATH	
		owa	United Stat	es WIDOWED X	DIVORCED		cy County	MD.
11190		ockville	(IF NOT IN SUCH FACILITY, GIVE ST Collingswoo			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (English	TON OF WORKING LIFE) INDUSTI Leacher Hi	of Business or RY gh School
Alled to the	13a.	STATE 13b COU			CITY LIMITS?	3e STREET ADDRESS 3581 Ham]	let Place	20815
1 1676/	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHE	R'S MAIDEN NAM			TAST
11/100		Sam	D. Woo		allie			ttle
100A 11			IVE WAR OR DATES)		MANT (DAU			
(原)	-		4	0-3158 Phyl	LIIS S.	ince S	Same as #1	
1 100		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one cause per line (4) (a), (b) ED BY: .TE CAUSE (o)	diac 100	septol	e	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
4 400 4	7		DUE TO, OR AS A COM	Dight 1				- 1997
d de se de s	10	Conditions, if any, which gave rise to immediate	(b) #	OHN.				
4 4 4 4		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF				
the party of		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	ED TO THE TERMIN	AL DISEASE OR CON	NDITION GIVEN IN PART	1(a
1 1 1 1 1	CERTIFICATION	IN DATE OF OPERATION	1% CONDITION FOR WH	ICH OPERATION WAS PERF	ORMED	28s AUTOPSY?	20h IF VES, WERE FINA	DINGS USED
111111	THE		all miles were a			YES NOTE	YES	NO T
34 11 0	1220	21s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	NJURY OCCURRE	D (switte sectors of relu	THE PART I OF PART I	i de la companya de l
	MEDICAL	THE INJURY OCCURRED	21e PLACE OF INJURY	19 211 LOCAT	ION			
the think	WE	Tares to some to	CAT HOME, STREET, FACTORY, CAY	CE PARK ETC 1 STRE	r.	City de to	IWN COUNTY	STATE
N 0 4 0 5 5 5		27x 1 certify those in other hosp	ital) attended the deceased fro		19 85	, June	19 10 85	that (I) (we) last
TA CT TA		saw the detected alive or oboy. (a we) (did) (did a	Sune by buldy and beath.	985 and that in (m)	y) (our) opinion de	ath occurred on the d	ate and hour and from t	he causes stated
TAL OR THE HE HE DIRE		Hkuu1	Elilodey,	Market	ATTENDING PHYSICIAN IC	MEDICAL STA	THE PARE	10,1988
O HOSPITAL Planned by th TO FUNERAL hould be date with the Scale MPORTANT:		THE MAN E.	Dodley, M.	722e ADDRE	1790	4 GEORG	A Avenus	24877
5 5 4 8	23a E	URIAL, CREMATION, REMOVAL	23b. DATE 1985 12	3c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION	1-11-10	10032
BP		SPECIFY) Burial		Montezuma (Cemetery	Montezu	ıma county I	lowa STATE
DHMH - 16 50M 1/81 (VRA 15, 4)			rt A. Pumphr		25a DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	
(VKA 13, 4)	H	omes, P.A. B	ethesda, Mar	yland	JUN	24 1985	Grenia Davidson	-Handell

SI MY Gran Carrie Time Elly in 17 YOUR OF THE HALLOWS Marine - Dodey, M.D. Charpeny 34:32 200 NO VICE

183127 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERT REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ARY, PLEASE, L DIRECTOR. YOUR FILES. IN 72 HOURS STON STREET, ENNET DEATH MATED Mothy 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. 24 HRS DATE PRONOUNCED DEAD O M 76 CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED County Washington, X DC United States WIDOWED DIVORCED Musque rand Piano Salesman ID CITY OR TOWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION 4504 Amherst Music Bethesda ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION Maryland Bethesda 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery 4504 Amherst Lane/20814 NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST Doris Mary Willmarth Dillon Henry Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Louise Yates Brookville Rd.Chevy Chase,MD YES NO, OR UNKNOWN 1959 264-54-6662 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Caroliac IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF arteriosclerosis Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. < 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR DEPART CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PV AFTER DEATH, WITH THE ST. BALTRYDRE, MARYLAND, 2 228 I certify that I took charge of the remain described above, held on Autopsy Inspection and in my opinion Undetermined manner death resulted fram: Natural causes Suicide Hamicide DATE SIGNATURE DICAL EXAMINER 8 WISCONSIN EXAMINER'S NAME TYPE OR PRINT 23g.BURIAL, CREMATION, REMOVAL 23b DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION June Buria1 Metropolitan Crem. 1985 Alexandria. Virginia-07/84 25M 24 FUNERAL DIRECTOR Robert A. Dumphrey Funeral **DHMH - 17** Homes, P.A. Bethesda, Maryland 20814 (VR A15 ME (5))

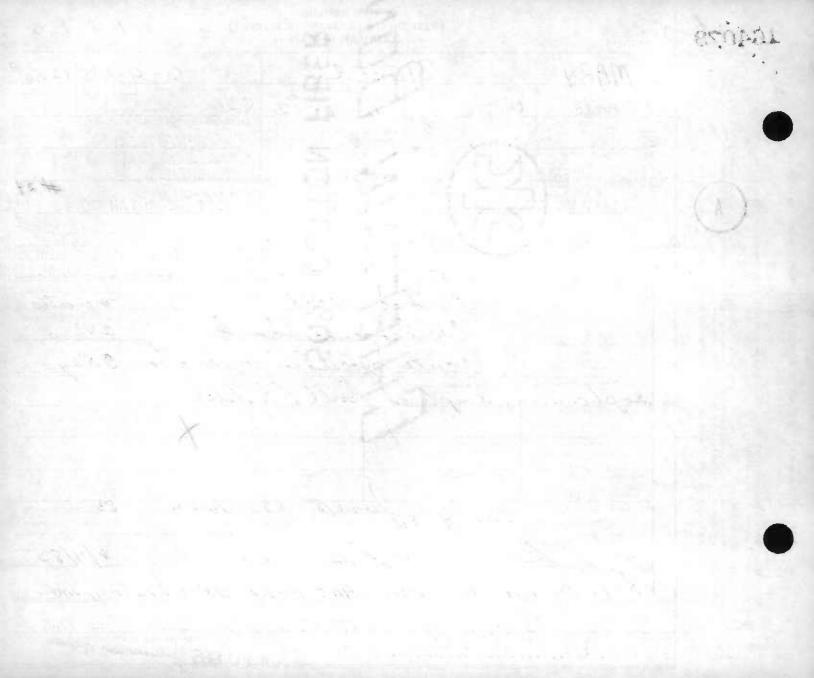
Marie Barrelle de la companya del companya de la companya del companya de la comp



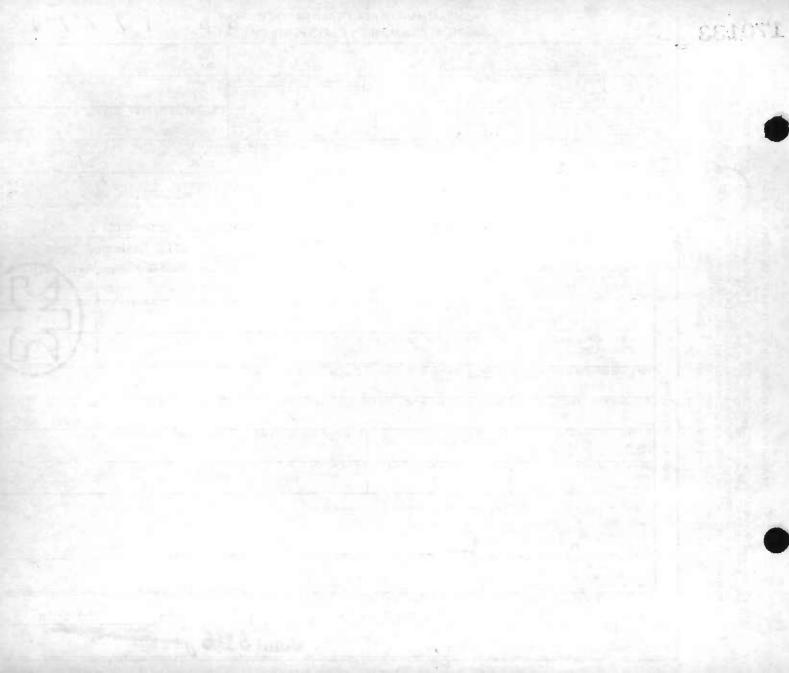
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) EdWARD 1985 SHIPLE AGE TIN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 3. SEX DAYS HOURS Oct. 13,1890 Male White **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Montgomery County. Maryland WIDOWED DIVORCED | ME CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Motel operator GROVE ADVENTIST HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland 7301 Mill Run Dr. Mantgomery Derwood 20855 YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Samuel Shipley Mary Elizabeth Grimes 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-18-2153 Lorraine S. McBride. W.W. Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY RENAL FAILURE 4EARS IMMEDIATE CAUSE (a). DUF TO, OR AS A CONSEQUENCE OF HYDERTENSIVE NEPHROSCHEDSIS CERRIS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CONGSETIVE HEART FAILURE CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21e, PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE MA4 26 10 55 June 220.1 certify that (1) (this haspital) attended the deceased from... devne 7 19 85 saw the deceased alive on. and that in (my) (con) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. DEGREE 22c DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL Lune 8, 1981 should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) FERRARA DAVE WHEATON, MD 20906 BARREL HECHE 23¢ NAME OF CEMETERY OR CREMATORY 73d LOCATION 230 BURIAL CREMATION, REMOVAL 23b DATE Burial Browningsville, June 11, 1985 Bethesda Meth 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Orth L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

44 811 8 3				
4.2	1.160	5	# 2 mil	ele.
ortenar country	Х		a.u	Susfyrat
notone o Teto.				officens
/#1.ill tun Dr. 20055	Σ.	The Teach	o t	Felura
regin the constitution		· e	, 1	Iou o
	TO TO TO.	7715-1-17		
		annual med		
	25 14		-6	
PROPERTY AND ADDRESS OF THE PARTY OF THE PAR			DIVINI 193	an C
rowing, orty.		11,145		[clus

/				STATE OF MARYLAND		
164029	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	7 / 7 3
oge 3 deoth		CEASED NAME FIRST	MIDDLE	IEBER	20 DATE OF DEATH MONTH	4-1985-1250M
oge 4 mo	3. SE	Female	4. RACE WHITE	5. DATE OF BIRTH MONTH APPLICATION OF THE PROPERTY OF THE P	6 AGE (IN YEARS LAST BIRTHDAY)	
deoth. P	NE	RTHPLACE (STATE OR FOREIGN OUNTRY) EW YORK TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XX DIVORCED	9 BALTIMORE CITY OR COUN MONTGON	MERY MD.
ors after	S	LVER SPRING	(IF NOT IN SUCH FACILITY, GIVE STREET HOLY CROSS OTHER INSTITUTION GIVE RESIDENCE BEFOR	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKER	12b. KIND OF BUSINESS OR INDUSTRY
hin 24 ho	13a S	TATE 13b. COUN	GOMERY WHEAT	VN 113d. INSIDE CITY LIMITS?		GIAN WOODS PLAN
cuted with	16a V	MATHIAS VAS DECEASED EVER IN U.S. AR		ER MAMI	MIDD(€	OBRECHT BURNING BUSH LA
te be exe	NO		$\frac{057-52}{\text{olyone couse per line for (o), (b), or}}$	1-5644 MARIE C. 1		ER SPRING, MD. 209
ding physorbon polyor removes		PART I. DEATH WAS CAUSE	DUE TO, OR AS ACONSEOU	line arrest		menutes
of the deoth by the otten se remove ci cremotion, other froumc		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, OR AS A CONSEQU	ergener h	July ten	2 Yhrs
requires the signed ken signed ken pleo or to buriol, injury, or constants.	NOIL	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	ed Gall file	AIMAL DISEASE OR CONDITION OF	
The tow icion. te hos be set permit gelene prident form.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	OPERATION WAS PERFORMED	YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
YSICIAN: T fing physici s certificate ourial-transit Mental Hygi	MEDICAL CI	OR CONTRIBUTING CAUSE OF DES (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH D	AY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM II	8 PART 1 ORPART 2)
or otten or otten or otten After thi se os the l colth and morked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) STREET	city OR TOWN	COUNTY STATE
hospital hospital IRECTOR hed for u ept. of He		sow the deceased alive on	, /	, and that in (my) (our) opinion	deoth occurred on the date and h	
O HOSPITAL O etoined by the TO FUNERAL DI should be detocl with the State DR with the State DR MAPORTANI; If I		774 PHYSICHAN'S NAME (TYPE C	OR PRINT)	ATTENDING PHYSICIAN 22: ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/4/85
TO HOSE retained TO FUNI should b with the	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	aton, md.
BP		BURIAL -		SOUTHAMPTON CEMETER	RY LONG ISLAND	NEW YORK
DHMH - 16 60M 7/84 (VRA 15, 4)		O UNIV. BLVD., W.	,SILVER SPRING,	MD. 20901	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE W

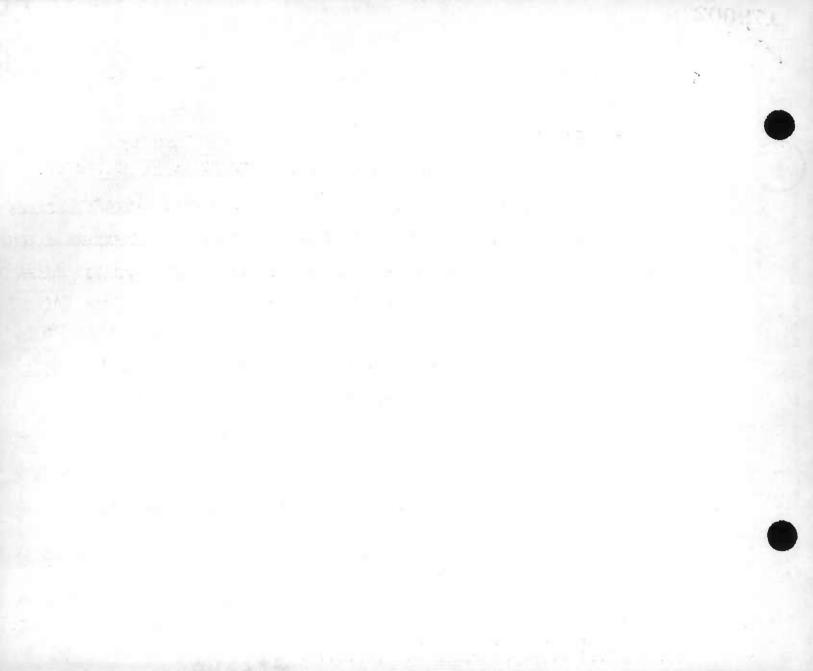


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 170133 - STATE REGISTRAR REG. NO I. DECEASED NAME KNOWN X 26 HOUR (TYPE OR PRINT) ESTI-NERAL DIRECTOR.
FOR YOUR FILES.
VITHIN 72 HOURS
PRESTON STREET, CHRISTOPHER SIEMINSKI DEATH MATED 19 85 Gene 6 3 SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED :30 A_M 30,1985 19 85 Male White DEAD Mar. 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Montgomery County WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
12720 Gould Rd. FOR MOST OF WORKING LIFE) Wheaton n/a USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 30 STATE COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 12720 Gould Rd. Maryland Montgomery Wheaton NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sieminski Jason Louise Brasseur Dodge Margaret 166 SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 3718 Lockwood Lane (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No None Louise Lorenzen-22003 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CAL EXAMINER ALONG 'BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, USED AS A BU PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTMORE, MARYLAND, 21201 PRIOR FO BURIAL, YES X NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Inquiry and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant 6-8-85 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Mt Comfort Cemetery Alexandria, Virginia 07/84 4. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURES 1500 W Braddock **DHMH - 17** Everly-Wheatley Funeral Home (VR A15 ME (5)) Alex.



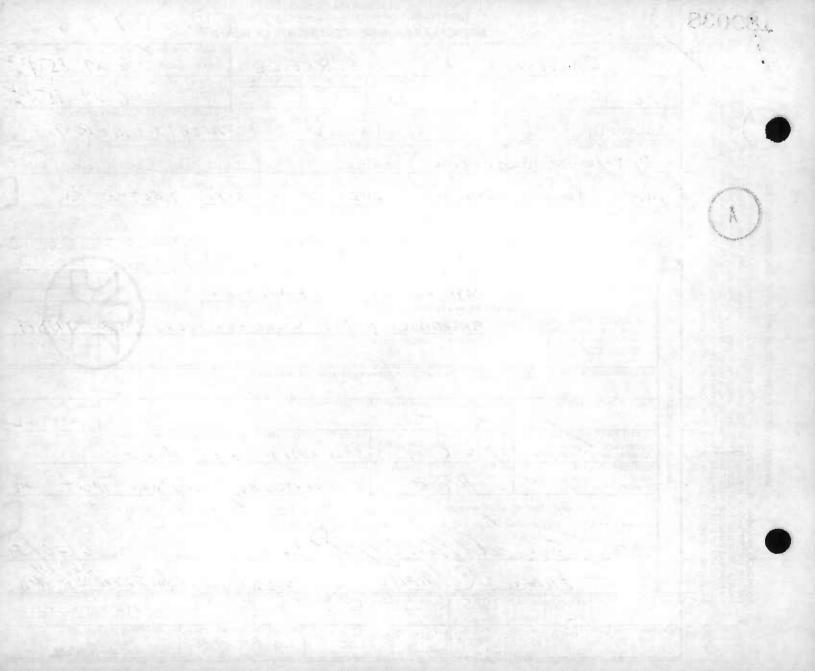
				84153
130 to 130 to 130			shereou L	
	and 18, 1911	min the		
THE OTHER		. 14.4.		
Country of State Country (1965)		LI MARIA OF		
Act of the same and			with a second	
10 May 20		Selection/NIA		
CAT HARAMA SANAS ANAGAMA SALA	0.555.5	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
		W. Otali		
		W. Otali		
	ALLE SALED	ад ю. я. а. /s/us		

179002	١,	FOR		STAT DEPARTMENT OF H	E OF MARYLAI IEALTH AND M		8 5	7 1	8 1
*	Ľ	- STATE REGISTRAR		CERTIF	ICATE OF DI	EATH	REG. NO.		
*		CEASED NAME FIRST	WIDDLE		AST	20 0	ATE OF DEATH MONTH		2b. HOUR
y be		Judit	h Eller	n S	lye		6-22	-85	S:37A
fer o	3. S		4. RACE	S. DATE O		YEAR	GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Page 4 may be director, page 3 hours offer death		temale	Caucusia		- 18	52	32 YRS.		
h. Po	7o. l	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE	NEVER M	ARRIED 19. BA	ALTIMORE CITY OR COUNT		
he funeral within 72 h	10.	WASHINGTON, I		Tates WIDOWE		ORCED [Montgome	101 White 65	MI
by the filled with	1	akoma Park	(Washinator		. 11	ital (TYE)	SECRETOAR VORKING OXXXXXXXXXXXXXX	VITRO	CO.
mpletely filled in by the ond 2 should be filled exemine must be north	USI 130	AL RESIDENCE (IF NURSING HOME O STATE 13b COU	NTY 13c. CI	TY OR TOWN	13d. INSIDE CIT	TY LIMITS? 13e.S	TREET ADDRESS / ZIP COI	11.1	
thin show	14. F	ATHER'S NAME	itgomery W	ncatan	yau	MAIDEN NAME	2107 1 14CK	STREET	209
d wil		TACK	MIDDLE	HAMBL	W Rag	PAN HADA	SARFT	HELENE XIX	(V (ID)
÷ 0		WAS DECEASED EVER IN U.S. AF		DCIAL SECURITY NO.	17. INFORMA		ADDRESS	XXXXXXX	X WKI
Poges medico		(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	-64-3462	TAM	EC D C	VE SAME	AC 13	HIICR
ol.	F	18. CAUSE OF DEATH (Enter o			JAMI	L3 A. 3.	JU SAME		MATE INTERVAL
physician on page 18. emoval.		PART I. DEATH WAS CAUSI	ED BY:	diac arri	st			ofter	SAM
ding orbo or re		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CONSEQUENCE OF					
the attending remove corb emotion, or r er froumatic		Conditions, if any, which	13	ical Righ	+ sided	Scizur	CS	eight	centrou
the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF		,			
equires that the righted by the Then please rem		underlying cause lost	(c) Sev	rere alcoh	olic live	er discas	<u></u>	100	lays
equires n signed Then pli r to buri injury, o	Z	PART 2 OTHER SIGNIFICANT	4 /-	UTING TO DEATH BUT		A 1 A		1	
	CERTIFICATION	mild bleeding DATE OF OPERATION	e dialhsis	OR WHICH OPERATION	K abnorr	nality of	to alcholic 200. IFY	TES, WERE FINDING	-
DING PHYSICIAN: The law roor offending physician. After this certificate has been as the burial-transit permit. olth and Mental Hygiene prior marked or Item 18 shows any	FIC	190. DATE OF OPERATION) I'vii CONDITION P	OK WHICH OFERANO	IN WAS FERFOR		IN CERT	TIFYING CAUSES	OF DEATH?
ding physicion. is certificate has burial-transit per Mental Hygiene or tem 18 shows	- 3	710. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJUR	RY	21c. HOW INJ		ENTER NATURE OF INJURY IN ITEM 18	YES D	NO 🗌
PHYSICIAN: TI ending physicit this certificate to buriol-transi ad Mental Hygi d or Item 18 sh		OR CONTRIBUTING CAUSE OF DE	AIR	ONTH DAY YEAR					
G PHYSICIAI offending ph ter this certifi s the buriol-tr ond Mental rked or Item 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJU	URY 19	21f. LOCATIO	N		COUNTY	
ING ph	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACT	TORY, OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
DING or o se as se as solth mark		220.1 certify that (1) (this hosp	ital) offended the decer	osed fromUne	13	19 85	o June 62	19 85 1	hot (I) (we) los
TTENDI or USE of Heol		sow the deceased alive or abave, (I) (we) (did) (did no	June 22	19 85 , 0	nd that in (my) (our) opinion death	occurred on the date and he	our and from the c	ouses stated
OR ATTEN e hospitol DIRECTOR: oched for us Dept. of He	1	22b. SIGNATURE	or, view the bady after di		DEGREE			22c. DATE S	
the the District Hill District Hill Hill Hill Hill Hill Hill Hill Hil		Junity n	2 Olson	_	m) AT	HYSICIAN DIR	DICAL STAFF ECTOR PHYSICIAN	6/2	28/55
HOSPITAL bined by th FUNERAL build be detail the State		228 PHY CIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				
		Jenniter M	n Olson		501 NE	Endrul Av	e Gaithersbury	a Md 20	177
Of Orda	23o.	BURIAL, CREMATION, REMOVAL		23c. NAME OF C			d LOCATION	1	× 1
BP		(SPECIFY) RURTAL	6/25/85	PARK	LAUN		ROCKUTLLE	COUNTY	NT M1
DHMH - 16 50M 4/83	24		CIS J. COL		J. LIVIT	25e. DATE REC	D. BY REGISTRAR 256. REGI		
(VRA 15, 4)	60	O UNIV. BLVD.		DDME JJ	MD.209	01) F 400F	34	md = 00 .
	V.V	V LAIR L V A LILL V LA A			1 V L V /		5 1985	· it	The state of the s



40	COSA		FOR			D	FPARTMI			ARYLAND AND MEN		GIENE	Y. 4		-7	7	0	0
70	6054	1-:	STATE REGISTRAR					CAMINE		ERTIFICA	ATE OF	DEAT	H	REG. N		1	0	60
	12	I. DEC	CEASED NAME	E FIRST		757	MIDDLE		-	AST		20	DATE K	NOWN A		DAY	YEAR	12:02
	3 8 8 8 E	(TYPI	OR PRINT)	Esther	r		Brown		9	mith			OF DEATH	MATED [6/	26	19 8	5 A:
	HOUSTREE	3. SEX		4. RACE		OF BIRTH		AGE (IN YEARS	IF UNI	DER 1 YR. IF	UNDER 2		DATE	-ED	HINOM	DAY	YEAR	12 102
	NECESSARY, PLEASE NERAL DIRECTOR. OR YOUR FILES. WITHIN 72 HOURS.	_	male	White	Aug.			85 YRS.	MONTH	DATS	TOURS		DEAD		6/		19 8	5 A.
	PESS.	FOI	REIGN COUNTRY)	TATE OR	76 CITIZ		AT COUNTR	Y? 8	MARRIE	D X NEVE	R MARRIEI	D 🗆 🥍		ORE CITY	_			
	A 2 2 3 4	10 CI	lest Vi	rginia	11. 1/1.	U.S.			WIDOWI		DIVORCE			tgmme				MI
	PAGE		01ney	у	Mo	ontgor	nery G	eneral	Hos	r institution pital	JN	FOR MOS	ST OF WORK	ATION (TYP	PE OF WORK	OI	R INDUS	BUSINESS
.21201	AND 3	Ma	ryland		or other ins nty ntgome	ery	13c CITY OF	er Spr	ing	YES T	LIMITS?	3603	Ede	s 1mar	Terr	ace		20906
RE, MD.	GES 1, 2, AND 3,		THER'S NAME	UNKNOW			tas	57		15. MOTHER'S	S MAIDEN		NKNOV	DDLE VN			LAST	
BALTIMORE		16a, W	S, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCE WAR OR DATE			L SECURITY N		17 INFORMA				ADDRESS				Md.
BAL	JRS AFTER 3. GIVE PA WITH FOR T. PAGES DIVISION		NO		None			32-7726	5	Aydney	S.SI	nith	3603	Edel	mar J		- 6	-0700-
ST.,	MIT.		18 CAUSE O PART I DE	F DEATH (Enter or ATH WAS CAUSE	nly one cou D BY:				ial	diseas						BET	PPROXIMA WEEN ON	SET AND DEATH
ON	124 H			IMMEDIA	TE CAUSE	(0)		OUENCE OF		013603			-			-		
PRESTON	THIN 24 I JER ALON ANSIT PER AL HYGIEL REMOVAL			ns, if any, which		/L)												
201 W.	JTED WI SXAMIN FAL-TRA JAENTA ON, OR I			se to immediate stating the <u>under-</u> ise last.		JE TO, OR A	AS A CONSE	QUENCE OF		The same								
DS,	XECL VG. ANIC VATIC	Ag	PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTION	G TD DEATH B	UT NOT RELATED	TO THE TERMINA	LL DISEASE	OR CONDITION G	IVEN IN PART	lia.						
RECORDS,	PENDING, MEDICAL D AS A BU EALTH AN CREMAT	NO						one										
	HE 0 - 0	CAT	190. DATE OF		19	b. CONDITI	ION FOR WH	HICH OPERAT	ION WA	S PERFORME	ED?					20. 4	AUTOPS'	Y?
OF VITAL	SHOULD SH	CERTIFICATION	None	L CAUSE WAS	211	b. TIME OF	IN LULIDAY		las vio								YES 🗌	X ON
	A HE HE		UNDERLYING	OR	Н	IOUR A.M.	MONTH D	AY YEAR	ZIC. HO	W INJURY O	CCURRED			RY IN ITEM 18	PART 1 OR PA	ART 2)		
DIVISION	NG TO TO SHO	MEDICAL	214 INJURY C	NG CAUSE OF		P.M.	FINJURY (19	21f. LOC	ATION		No	ne					
DIV	THIS CER WARDED PAGE 3 S STATE DEP 21201 PR	ME	WHILE AT WORK	NOT WHILE [STREET, FACTO	ORY, FARM, ETC.)		ST	REET			ITY OR TOW	N	cc	YTHUC		STATE
	AND,			fy that I taak char		F-3		7	Autops		nspection		Inquiry		nd in my o	pinion		
	EXAMII CERTIFI OULD BE DIRECT (, WITH MARYL/		death resulte	ed fram: Natu	rol couses	KJ.	Accident	Suice	de 🔲,	Hamicide		Undetern	nined mar	ner,				
	NE CER OULD NI DIR MAR	19	ACTUAL SIGNATURE	1/ho	h_	P	15.	م المرات	11	TITLE (SPEC		MEDIC	AL EXAMI	(FD	DATE		6/2	6/85
	DEATH, AORE, A	1		7			-		Mil	-	1919	Semi	nary	Road			07.2	0700
	EXECUTE EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		EXAMINER'S (TYPE OR PR	Jo	hn S.	Roge	rs, M.			DDRESS	Silve	er Spi	ring.	Mon	tgome	ry,	Md.	
	プログプタ B	23n.BL (Si	PEC (EV)	TION, REMOVAL	236 DATE	27,19	85 23c. NA	ME OF CEME	TERY OR	CREMATORY	Y	23d. LOCA	ATION		COU	INTY		STATE
07/84 25M	BP	24 FI	Crema		Jun	~[11]	111	anbe	45 (MENG TO		C'D. BY RE	GISTRAD	Trib DEC	ISTRAR'S	SIGNIAT		Not.
	DHMH - 17 (VR A15 ME (5))		NAME	Chambe	es es	ADDRESS		Georgia es Sprin		20010	ALLI	04 8	OCT	A GES	Kanl	in A	Sincle!	9
			20100.	- Kun DE	12 11	1-Th	2110	יאיווכע	1 MC	20110	474 11	1111	March	17000	to aby for		10000	Married St.

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE 189038 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN OF ESTI-(TYPE OR PRINT) AROLYNI OUR FILES. V72 HOURS ON STREET, 6. AGE (IN YEARS 3 SEX DATE LAST BIRTHDAY) PRONOUNCED March 31,1900 DEAD 7b. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED United States Wisconsin DIVORCED [MONT IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Accounting ClerkU.S. Gov't UBURBAN Hospital T3d. INSIDE CITY-LIMITS? 15. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 17. INFORMANT (Daughter) ADDRESS 5013 Dalton Rd 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 578-40-9409 Lilyan E. Atkinson Chevy Chase, MD No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO OR AS A CONSEQUENCE OF ARTERIOSCUEROTIC CARDIOVASCULAR LYSONS Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW IN JURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR, A.M. MONTH DAY, COLL HPSED CONTRIBUTING CAUSE OF DEATH IL LOCATION NOT WHILE 5013 DALTON 22a. I certify that I took charge of the remains described above, held an Autapsy TO FUNERAL DIRECTOR
AFTER DEATH, WITH THE Natural causes death resulted fram: Suicide Undetermined manner EXAMINER'S NAME 236. NAME OF CEMETERY OR CREMATORY 123d LC
Metropolitan Crematory 985 Alexandria Cremation BP 07/84 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH - 17** (VR A15 ME (5)) P.A. Bethesdan Maryland



(VR A 15 (4)) 9/74

	6/2/2/2		0.2		1/2/2
					No.
					10.25
				rim -	the gradu
	TER Volume mental design to		- 5-1	,,	
	Medical Control of the Control				a ALLES
			and and		
	Contract of the second				
belease to the contract of the	Name of the last			100 N No.	
	Andrew Committee and I	10	7		

901	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 REG. NO.	7 / 8 5
11 to 1	DECEASED NAME (TYPE OR PRINT) C	HRISTIAN C.	STANGER	5 /31/85	DAY YEAR 26 HOUR 7:10 A
3.	Male	4. RACE White	S. DATE OF BIRTH Aug. 2, 1908	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS	IF UNDER 1 YEAR # UNDER 24 HRS. MONTHS DAYS HOURS MAN.
196	Pennsylvania	7b. CITIZEN OF WHAT COUNTR U.S.A.		9 BALTIMORE CITY OR COUNT	TY OF DEATH
	BETHES DA-	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR. SUBARBAN	SING HOME OR OTHER INSTITUTION EET ADDRESS) H 6 SP	170. USUAL OCCUPATION TYPE OF WORK FOR MOST COVORKING Retired Gerk	126. KIND OF BUSINESS OR INDUSTRY Grocery
6	3a STATE 13b	ome or other institution, give residence ber COUNTY 13c CITY OR TO Montgomery Kensing	OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	Road 20895
0	Le Roy	H. Stange	er Minnie	AME E MIDDLE	Selĭ
1	(YES, NO OR UNKNOWN)	S. ARMED FORCES? 166. SOCIAL SE 185–07		arban same as 13e	
	18 CAUSE OF DEATH (Er PART I. DEATH WAS C IMM Conditions, if ony, whi	DUE TO, OR AS A CONSEC	intry farlure	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	7 1 1	ant conditions contributing t	ODEATH BUT NOT RELATED TO THE TER	20g AUTOPSY? ZOb. IF Y	GIVEN IN PART 110. PLES WERE FINDINGS USED TIFYING CAUSES OF DEATH?
		OF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM IS	YES NO
/	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED AT WORK AT WORK AT WORK	AMINER) P.M. 71e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
		hospital) attended the deceased from the constant of the const	DEGREE ATTENDING	n death occurred on the date and he	, that (1) (we) los our and from the causes stated 22c. DATE SIGNED
NA N	22d. PHYSICIAN'S HAME	MINA CAMINI			af5-3
2	Burial, Cremation, Rem Burial	OVAL 23h. DATE 6/3/85	Park lawn Memorial	Park CHY OR TO Rockvil	le, Mar ylandsiaie
83	1 331 Rockville	er Funeral Home	IC.	ATE REC'D. BY REGISTRAR 756. REGI	STRAR'S SIGNATURE

And the control of the control . . . construction of the second of

rece to the contract of the co

and when the search we are

restant and the second of the

DHOUSPITAL OR ATTENDING OF THE MOSPITAL OR ATTENDING OR ATTENDING OF THE MOSPITAL OR ATTENDING OR ATTENDING OF THE MOSPITAL OR ATTENDING OR A

230 BURIAL, CREMATION, REMOVAL 23b. DATE

(SPECIFY)

Burial 6/7/19

24 FUNERAL DIRECTOR

Joseph Gawler's Sons, Inc.

SNOW

22d. PHYSICIAN'S NAME (TYPE OR PRINT

23c NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery

22e ADDRESS

23d LOCATION
CITY OF TOWN
Suitland
Pro

Pr. Geo. Md.

5130 Wisc. Ave. Washington. D.C.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STOPPEN

9 64 5 34 6	nario	notnet		malov	
	775	221, II t			mind.
	into para di		•		
	16 77000	19	direct more at	off multi	i zovišt
L			odenbia mi		
glidel Street dette		mater.	THE REAL PROPERTY.	tar 1	
. 20 19 40	ate Bort	deta stila,	host host		0
			S S-Stauran		
26.20					
	r 11 41 91		N. S. SHANNER		
all property			and the same of th	nnok steniu	

- STATE REGISTRAR 1. DECEASED NAME

Male

TO BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Louis

Bethesda

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

26. DATE OF DEATH MONTH June 7, 1985 A. AGE (IN YEARS LAST BIRTHDAY) IE LINIDER 21 NO

Vincent Stefancies 4 RACE 5. DATE OF BIRTH White

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

MIDDLE

November 17 1947

WIDOWED

DIVORCED

15. MOTHER'S MAIDEN NAME

Edith

MARRIED X NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County

37

17a USUAL OCCUPATION

LITYPE OF WORK FOR MOST OF WORKING LIFE! Jig & Fixture

Rt. 1, Box 77

MIDDLE

ADDRESS

Aircraft

Hevdt

4 hours

2 vears

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

176. KIND OF BUSINESS OR

W. Virginia 4. FATHER'S NAME

ves

CERTIFICATION

New York

ANIDDU

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIN COUNTY

Berkeley

LIF YES GIVE WAR OR DATES!

Vietnam

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

FIRST

Louis

Stefancies

NIH. THE CLINICAL CENTER

13c. CITY OR TOWN

166 SOCIAL SECURITY NO 051-38-3439

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Falling Waters YES

17 INFORMANT Mrs. Mary Stefancies (Wife) Same

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Cardiopulmonary failure IMMEDIATE CAUSE (a)

> DUE TO, OR AS A CONSEQUENCE OF Diffuse histiocytic lymphoma

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

couse (o), stoting the underlying couse last.

Conditions, if ony, which gove rise to immediate

71b. TIME OF INJURY

270.1 certify that X1 (this haspital) attended the deceased from August 30

June 7,

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY2

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER

sow the deceased alive on_

196 DATE OF OPERATION

P.M 21d INJURY OCCURRED 71e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE AT WORK

19. 85

21f LOCATION

COUNTY

22c DATE SIGNED

STATE

abave, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE

ALISON MARTIN

Clinical

23d. LOCATION

PHYSICIAN DIRECTOR PHYSICIAN

National Institutes of Health 1 Center, Bethesda, Maryland 20205

APORT 236. BURIAL, CREMATION, REMOVAL Cremation

June 9,1985 Smithsburg Crematory 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

who were and

DHMH - 16 50M 4/83 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Maryland 21740

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Smithsburg, Wash., Maryland

YES X NO

June

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

165035	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE & S	7/88
e m=		ECEASED NAME FIRST	WIDDLE	La LAST	20 DATE OF DEATH MONTH	6 1985 8 3 0 M
oy be		Sarah	0) 05	STRINDERO	JUNE	
# # # # # # # # # # # # # # # # # # #	3. S	EX 4	. RACE	5. DATE OF BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
100		FEMALE BIRTHPLACE (STATE OR FOREIGN 7)	WHITE CITIZEN OF WHAT COUNTRY?	JANUARY 15,1899	86 YR	
1	And the	COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NIT OF DEATH
8 34 /8	in o	CZECHOSLOVKTA	II.S.A.	WIDOWEDY DIVORCED DIVORCED	XX MONTGOMER	Y COUNTY MD. 12b KIND OF BUSINESS OR
4 44 4/	1		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKIN	
E E 2 277	ÜŚU	JAL RESIDENCE (IF NURSING HOME OF C	SUBURBAN HOSPI THER INSTITUTION GIVE RESIDENCE BEFOR		HOUSEWIFE	XTHOMEMAKER
1		STATE 136 COUNT		N 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	KEVIII HOUSE
1 6 7) 14.E	ATHER'S NAME FIRST M	DDLE LAST	15. MOTHER'S MAIDEN NA/	ME MIDDLE	LAST
1 4 231		DAVID	ZOLDA	N ESTI		UNKNOWN
1918一年,			WAR OR DATES)		ADDRESS	
o wo		NO	057-52-	7317 MR. FRED HI	TTMAN 3211 KEYS	
physicie snpoper emoval.	-	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. CILLIANA	an odema, ac	ute	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death of death of death of death of death of death of cremation, or		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) COTO NO (b) CONSEQUE (c) (c)	ma of the lung, y	neumonia, bear	
equires Then p to bur njury,	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
The low rection. Te hos been ssit permit. Green prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
phys phys phys pl-troi tol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
HYSK nding nding is cei buric I Men	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR FOWN	COUNTY STATE
G P otter the s the rked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC) STREET	1 A	COUNTY
A A A A A A A A A A A A A A A A A A A		220 certify that (I) (this haspita	I) ottended the deceased from	20 p. 1 19 04	to June 0	19 15 , that (I) (we) lost
TTEN Pitol For u		staw the dispressed arive on _ utions (it like vidid) takin pat)	JUNEA 6 19	and that in (my) (our) apinion of	death accurred an the date and	hour and from the causes stated
the hose at Directed teroched the Dept.	,	THEOLIKE	MUD 1	DEGREE ATTENDING PHYSICIAN R	MEDICAL STAFF DIRECTOR PHYSICIAN	6/7/85
retoined by th TO FUNERAL should be deto with the Store I		G. PORY PHYSICIAN'S NAME IMPEORI	shkas	220 ADDRESS 11510 Old	Georgetown	Rd. Rockutte Mo
She To she To	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		BURTAL.	6/9/85 A	RI INGTON CEM	RALTIMODE	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BAL-TIMORE, MARYLAND

250. DATE REC'D. BY REGISTRAR'S SIGNATURE

111N 1 2 1985

24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc.

5130 Wisc. Ave., N.W. Wash. D.C.

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- A KILLY down

128 - 15 - 1	• 7	9		
75	tist sa	• II	1831.	, na
	XX		.a.u	Indiana
lec. neineer lectrice				
0500 R diville like. 2085	1	ocitile	: ontrolery	in Lyn
Coliner	1007 W	eroj	Carrolla.	j.a.I.
tone. Jame as itts l.	H d et	2005-04-200		0
		* 1		
		28		

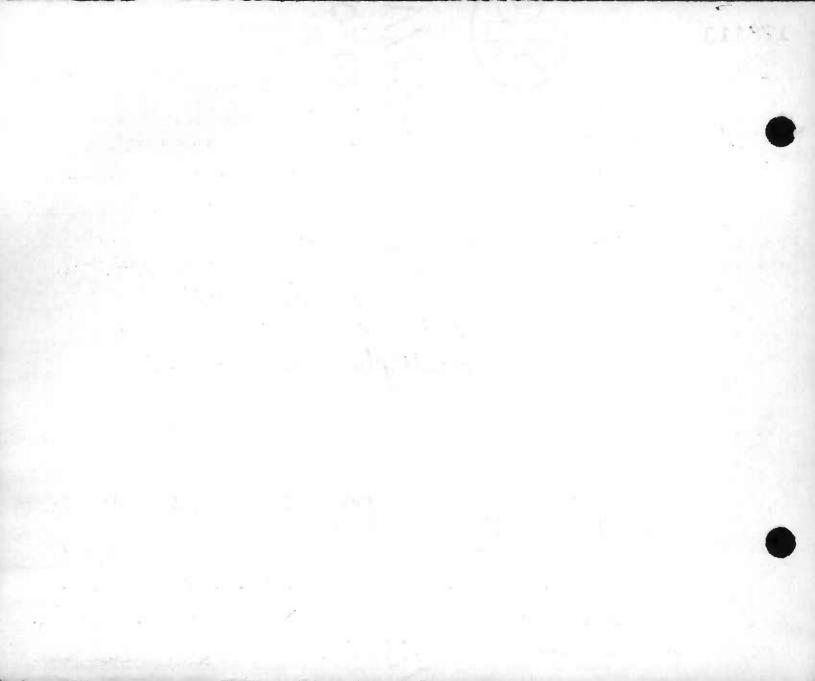
1820	03	1 -	FOR (STATE REGISTRAR			DEPARTA		ICATE OF DEATH		E Ö D	NO.	/ /	, 0
			CEASED NAME	FIRST		WIDDLE	Ĺ	AST	20	DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
ay be		(TABE	OR PRINT)	Doroth	у	M.		Swanson	-11	June 1	5. 1	985	4000
may er d		3. SE	ζ	4	RACE		5. DATE C		6.	AGE (IN YEARS LAST E	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4 ectar rs aft	1		Female		Wh	ite	Augu	st 20, 1898	6	88	YRS.	MONTHS DAYS	HOURS MIN.
Page 1 dir		7a. BI	RTHPLACE (STATE OR	FOREIGN 71	. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9.1	BALTIMORE CITY		TY OF DEATH	
eoth n 72	5		ash. D.C.		U.S.	A •	WIDOWE			Montgom	ery		MD.
s offer d	C	¥0. €	TY OR TOWN OF DEA	ATH 1	1. NAME OF		ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPA YPE OF WORK FOR MOST Pianist	TJON FOF WORKING		OF BUSINESS OR
filled in	25	13a. S	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Chevy Ch	N	13d. INSIDE CITY LIMIT	ITS? 13¢	STREET ADDRESS	ZIP COI	DE 2081	5
operatory of the second of the	50	14 FA	THER'S NAME FIRST William	H	DDLE	McCauley		15 MOTHER'S MAIDE		MIDDLE		Gordo	on.
in V			VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADD	RESS		
	Dec	(,	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	577-48-	2739	Raymond (G. Cl	ark 4701	Kenmo	ore Dr.	Alex., Va
o de	e //		18 CAUSE OF DEAT	H (Enter only	one couse pe					•		APPROXI	IMATE INTERVAL ONSET AND DEATH
phy npo eman	200		PART I. DEATH W	AS CAUSED	BY: CAUSE (o)	C	marke	heart les	La	Pure		1	week
tuires that the	jury, ar ameri	Z	gave rise to immorcouse (a), stating underlying cause PART 2. OTHER SIGN	lost.	DUE TO, C	DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE		1477			0
an. hos been permit. The permit. The permit. The sene prior to the	7	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CER	ES, WERE FINDIN	
ICIAN: The physicic entificate riol-transit	and a second		210. ACCIDENT WAS UNION OR CONTRIBUTING	CAUSE OF DEATH		DF INJURY 	Y YEAR	21c. HOW INJURY OC	CCURRED				
ottendin ottendin ter this o as the bur h ond Me	orked dr.	MEDICAL	21d INJURY OCCUR	HILE		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
Spitol or CTOR: Alfor use of Health	SI 12 II		22a. I certify that (I) sow the decease above, (I) (we) (c	ed alive an	6/15	10	85 , or	, 19 nd that in (my) (aur) ap	80 pinian dea	th occurred on the	dote and he	, 19_ 85 , our and from the	that (I) (we) last couses stated
TAL OK y the harmy sal DIRE detached for Dept.			226. SIGNATURE	1 The	(tuf)	han HOD.		DEGREE ATTENDIN PHYSICIA		AEDICAL ST IRECTOR PHYS	AFF ICIAN 📮	22c DATE	SIGNED
etoined by to FUNERAL should be de with the State	No.		RICHARD		-	INN, MIJ	> .	3301 NEW A	MEK.	Avz. W	Asu	VETON, D).c. 20016
BP	2	(URIAL, CREMATION, SPECIFY Cremati	on	6-17-	85 Ce		ill Cremato	ory	23d LOCATION SUITTA		Prount Geo	. Ma.
DHMH - 16 60M 7 (VRA 15, 4)	/84	24 FL	Joseph G	awler'	s Sons	5130 Wi Washin		110110	UN.2	C'D. BY RECUSTIVA	25h-RES	ondown for	ME

STATE OF MARYLAND

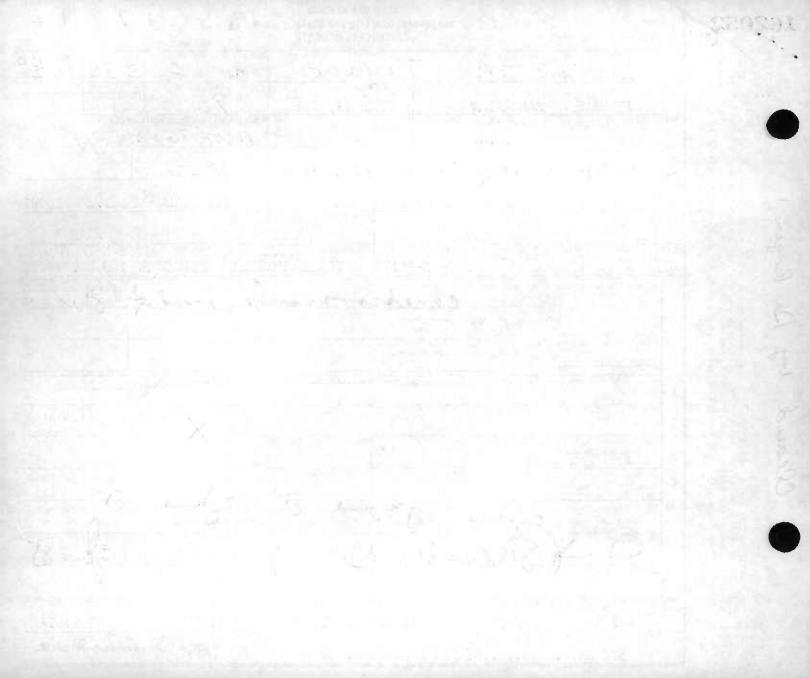
and the second s

					STATE OF MAR	RYLAND		4	100	0. 1
.3	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AN	ND MENTAL HY		1	/ /	7
	LDE	CEASED NAME FIRST		MIDDLE	LAST			G. NO.		
6		OR PRINT)		MIDDLE			2a. DATE OF DEA	. /	DAY YEAR	26. HOUR
		Amm		m.	laylor			6/21	185	1:18P V
10	1 SEX		4. RACE		5. DATE OF BIRTH	V VEAD	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	HOURS MIN.
T	1	Female	who	ite	Feb. 4	1896	89	YRS.	MONING DAYS	HOURS MIN.
21	7a. BI	RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	MARRIED NEV	50 DOISO [9 BALTIMORE C	TY OR COUNTY	OF DEATH	
501	Ves	t°Virginia	USA			DIVORCED [ontgomer	V	445
201	10. CI	TY OR TOWN OF DEATH	IT. NAME OF	HOSPITAL, NURSIN	G HOME OR OTHER		120. USUAL OCCU	JPATION	12b. KIND C	OF BUSINESS OR
5//	т	akoma Park		ington Ada	entist Hos	nital	Housew:		own ho	
125	USU	AL RESIDENCE OF HURSING HIGHE O	A CITY INSTITUTIO	N. GIVE RESERVED REPORT	ADMISSIONS	pricar	nousew.	Lie	pwn no	me
55	1000000	TATE UN COU	ward	13c CITY OR TOW	N 134 INSID	E CITY LIMITS?	13e.STREET ADDR			01015
200		yland How	ward	Columbi		ER'S MAIDEN N	7080 Cra	Herock	Way	21045
1251	7	F1852	WIDDRE	EAST	13, MO1H		AME.	NE.	EAS	ri.
10		Frank		Gibson		Effie			Jordo	n
\$ 6	11	VAS DECEASED EVER IN U.S. AT	RMED FORCEST NE WAR OR DATES!	THE RESERVE TO THE RESERVE				DDRESS 200 ManC	411 Asse	Simon
1	N	/A N	/A	234 05	1958Jacqu	elyn Ga	ir-dau- Co	Lumbia,	Md. Ayi	044
#		IA CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse pe	er line lar um (b), one	iec e		1.	1 . 1	APPROXI	MATE BUTFRYAL ONSET AND DEATH
or other trau		Conditions, if any, which gave rise to immediate course to stating the underlying course last.	(b)_ DUE 10, (c)_	mill	tyle.	right	mr	<u>`</u>		
ws any inter-	CERTIFICATION	PART 2. OTHER SIGNIFICANT	19h CONI	DITION FOR WHICH	OPERATION WAS PE	U	20a AUTOPSY2	206. IF YES	WERE FINDIN	NGS USED OF DEATH?
81 81 82 E	ERT	210. ACCIDENT WAS UNDERLYING	216 THAE	OF INJURY	121- 1101	V INTUINV OCCU	YES NO	_ [s 🗌	но 🗌
Tea S	-	OR CONTRIBUTING CAUSE OF DE			Y YEAR	* "AJOKT OCCU	RRED (ENTER NATURE O	FINJURY IN ITEM IB P	ART I OR PART 2)	
/	MEDICAL	(F EITHER, NOTIFY MEDICAL EXAMINE		P.M.	19					
	MED	21d. INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE, FA	RM. ETC) 21f LOCA	ATION REET	CITY	ORTOWN	COUNTY	STATE
		WHILE NOT WHILE			-AA			19:	66	
		770.1 certify Joe (1) whis hosp	stoli atmedia	y deceased from	0100	10 80	to C	14	19	tha (II) (we) last
7		sow the operased flive or above, (i) we) (did) (did to	view the true	y after death.	, and that in a	my) (nur) opinio	n death occurred on t	he date and hou	r and from the	couses stated
Hen		III SIGNATIN	. 1	100 0	DEGREE				22c. DATE	SIGNED
		Lings	1. NU	1/ 100	AND	ATTENDING	MEDICAL DIRECTOR PH	STAFF	1617	J N
MPORTANT	-	228 PHYSICIAN'S NAME (TYPE			22e. ADD	RESS				-
/		Lewis H.	Dennis	, MD.	831	Univ. H	Blvd. E. S	ilver Sp	ring, M	1d.
	23a B	URIAL, CREMATION, REMOVAL	236. DATE	123c N	AME OF CEMETERY C	OD CDEMATORY	23d LOCATION			
	(Burial	June 2	25, 1985 G	eorge Wash	ington	Adelph		George	s Md.
- H					.H. Ave.,		ATE REC'D. BY REGIST		_	
1/83	lin	NERAL DIRECTOR es /Rinaldi Fune	eral Hor	ne Silver	Spring. Mc	1	UN 2.5 100			
) 1						1 0 I U	LILY C. I BILL	diam in the second		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



162052	1 - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	17792
aleuth Tage 4 may be ween of director, pugge 31 hin 72 fooms after death	I. DECEASED NAME FIRST (TYPE OR PRINT) A A A A A A A A A A A A A A A A A A A	A RACE CAUCASIAN TO CITIZEN OF WHAT COUN U.S.A.	WIDOWED XX DIVORCED	6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUN MO'N I GO	MERY MD.
ORE. MARYLAND 21201 Organization of the completely filled to by the dient completely filled to be filled with the completely filled wi	14 FATHER'S NAME PETER 160 WAS DECEASED EVER IN U.S. A	OR OTHER INSTITUTION DIVE RESIDENCE IN THE PROPERTY SILVER MIDDLE DEITZ ARMED FORCES? 166 SOCIAL BIVE WAR OR DAIES!	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? YES XX NO [] 15 MOTHER'S MAIDEN NA FIRST ANNIE SECURITY NO. 17 INFORMANT NIEC	MIDDLE ADDRESS	POR DRIVE 20901 FRAS 1232 KATHRYN ROAD
LORDS, 201 W. PRESTON ST., BALTIM requires that the death certificate be been signed by the attending physician mrt. Then pilote employe carbon papers. P. priot 36 busial, cremation, as removal pry injury, or other transmarks event, the second	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN'	DUE TO, OR AS A CONS DUE TO, OR AS A CONS DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	AINAL DISEASE OR CONDITION	YES, WERE FINDINGS USED
MOSPITAL OF KITENDING PHYSICIAN. The same by the hospital or attending physician. PUNERAL DIRECTION After this certificate to said be detached for use as the busici-fromm per the State Dept. of Health and Mental Mygnems ORTANT If him 23 is marked as them 38 shows	saw the deceased alive	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	THE PART 19 21 LOCATION STREET am 19 The part of that in (my) (aur) apinian DEGREE ATTENDING	VES NO NO NO CET VES NO NO CET VOR TOWN death accurred on the date and I	COUNTY STATE , 19 that (I) (we) last
BP	BURIAL 24 FUNERAL DIRECTOR FRANCE 10 PART 10 PART	6/6/85 IS J. COLLINS	ARLINGTON NATIONAL 250. DA 250. DA 250. DA 250. DA	23d. LOCATION CITY OF TOWN ARLINGTON TE REC'D. BY REGISTRAR 256, REG	VIRGINIA USTRAR'S SIGNATURE LA JANYAGON - Mandasa



000										
1065	1-	FOR STATE REGISTRAR		DEPART	CERTIFICATE		GIENE 3 5	NO.	//	9 3
	1. DEC	CEASED NAME FIRST	Mary 1	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR A
page 3 er death	(TYPE	Edith		M.	Deblock	C	J	JNE	9 185	5:30 A
pod.	3. SE	(4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
rs off		Female	W	hite		26 1907	7	7 YRS.	MONTHS DATS	HOURS MIN.
Por Por		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8	EVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
7000		Ohio	U.	S.A.	WIDOWED A	DIVORCED [Mo	ntgome	ry ME
(9/7)	10. CI	TY OR TOWN OF DEATH	11. NAME OF		NG HOME OR OTHE	RINSTITUTION	126. USUAL OCCUP			OF BUSINESS OR
To last	Ga	ithersburg	Wilson	n Health	Care Cente	er	Reg. Nur			c Health
27/	USU	AL RESIDENCE (IF NURSING HOME CO	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	RE ADMISSION)	SIDE CITY LIMITS?	113e STREET ADDRES	c	7.68-	7)
E S	100.	0.00	gomery	Gaither			403 Russ		#615	
le la	14. FA	THER'S NAME		LAST	15. MO	THER'S MAIDEN NA	AME			
200			lartin	Fetzer		Al ma	M.		He	ller
10		VAS DECEASED EVER IN U.S. A	RMED FORCES?			ODAMANIT		ORESS 5		sell Ave
medico	C	res, no or unknown) { IF YES, G	IVE WAR OR DATES)	219-36-	2266 Re	cords He	alth Care			
the the		18 CAUSE OF DEATH (Enter of	only one couse pe				4		APPROX	MATE INTERVAL
ent,		PART I. DEATH WAS CAUS	ED BY:	Card	- 1 lane	rator	Arre	×+		Original period
r rer		IMMEDIA	ATE CAUSE (o)				1			
ou, o	100	Conditions, if ony, which	DUE TO, C	OR AS A CONSECU	LES TOTAL	DA A	an arde	4		
= 0		Conditions, it only, which					1			
OF -		gove rise to immediate) (0)_			,	-			
other tr			DUE TO, C	OR AS A CONSEQU	JENCE OF	to Le	ice			
unol, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	(c)_	Meta	statie		•	DADITION GIV	/FN IN PART 1	
Then please remo to bursol, cremo njury, or other tr	NO	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)_	Meta			MINAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	(0)
×	ATION	gove rise to immediate couse (a), stating the underlying couse lost.	CONDITIONS CONDITIONS	Meta CONTRIBUTING TO CURSE	statie	LATED TO THE TER/	•	20b. IF YES	S, WERE FINDI	NGS USED
>	TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ASCURES	CONDITIONS CONDITIONS	Meta CONTRIBUTING TO CURSE	DEATH BUT NOT RE	LATED TO THE TER/	MINAL DISEASE OR CO	20b. IF YES		NGS USED
ows ony in	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ASCURES	CONDITIONS CONTINUES CONTI	OF INJURY	DEATH BUT NOT RE	PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDII FYING CAUSES IS	NGS USED 5 OF DEATH?
18 shows ony in	AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT A CLUBENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE	CONDITIONS CONTINUES OF THE CONTINUES OF	CONTRIBUTING TO	DEATH BUT NOT RE	PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDII FYING CAUSES IS	NGS USED 5 OF DEATH?
Mentol Hygiene prior in or them 18 shows ony in	1	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART	CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RE H OPERATION WAS I	PERFORMED OW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF	S, WERE FINDII EYING CAUSES S PART I OR PART 2)	NGS USED 5 OF DEATH? NO
And the state of t	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT PART 3. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE H OPERATION WAS I	PERFORMED OW INJURY OCCUP	200 AUTOPSY?	20b. IF YES IN CERTIF	S, WERE FINDII FYING CAUSES IS	NGS USED 5 OF DEATH?
or Hem 18 shows ony in	1	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN WHILE NOTIFY MEDICAL EXAMIN	CONDITIONS	OF INJURY A.M. MONTH E P.M. E OF INJURY FOR WHICH OF INJURY FOR THE TOTAL OFFICE.	DEATH BUT NOT RE H OPERATION WAS IN THE PROPERTY OF THE PROPER	PERFORMED DW INJURY OCCUP OCATION STREET	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF	S, WERE FINDII EYING CAUSES S PART I OR PART 2)	NGS USED 5 OF DEATH? NO
Aentol Hygiene prior to bu	1	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFEITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 270. I certify that (11) (this hosy saw the decosed oliverally counterly income as well as the counterly income as t	CONDITIONS	CONTRIBUTING TO CONTRI	DEATH BUT NOT RE H OPERATION WAS IN THE PROPERTY OF THE PROPER	PERFORMED DW INJURY OCCUP OCATION STREET	200 AUTOPSY? YES NO RRED (ENTER NATURE OF II	20b. IF YES IN CERTIF YE NJURY IN ITEM 18 P	S, WERE FINDING CAUSES S PART I OR PART 2) COUNTY	NGS USED 5 OF DEATH? NO STATE
Amental Hygiene prior to but or them 18 shows any injury	1	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hos)	CONDITIONS	CONTRIBUTING TO CONTRI	DEATH BUT NOT RE H OPERATION WAS I DAY YEAR 19 21t HC FARM, ETC.) 21l LC	PERFORMED OW INJURY OCCUP OCATION STREET	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE NJURY IN ITEM 18 P	S, WERE FINDING CAUSES S ART LOR PART 2) COUNTY 19 ir ond from the	NGS USED SOF DEATH? NO STATE
Aentol Hygiene prior to bu	1	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. I Certify that (II) (this has; saw the decreased aligned obove, (II) (we) (did) (did)	CONDITIONS	CONTRIBUTING TO CONTRI	DEGREE	PERFORMED OCATION STREET O (my (our) obinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF II	20b. IF YE'S IN CERTIF YE IN CERTIF YE IN CERTIF YE IN THEM 18 F	S, WERE FINDING CAUSES S ART LOR PART 2) COUNTY 19 ir ond from the	NGS USED 5 OF DEATH? NO STATE
State Dept. of Health and Mental Hygiene prior 1 NT: If hem 21 is marked or hem 18 shows any in	1	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFE LITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this hosy sow the decrosed olive pobove, (I) (we) (did) (did in 22). SIGNATURE	(c)	OF INJURY A.M. MONTH E E OF INJURY IRRET, FACTORY, OFFICE, the dageosed from, by offer death.	DEATH BUT NOT RE H OPERATION WAS IN DAY YEAR 19 FARM, ETC.) 211 LO DEGREE DEGREE	PERFORMED OW INJURY OCCUP OCATION STREET ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO CITY OF IT O	20b. IF YES IN CERTIFY YE IN CERTIFY YE COMM	COUNTY 19 22c. DATE	NGS USED SOF DEATH? NO STATE
State Dept. of Health and Mental Hygiene prior to bu	1	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. I Certify that (II) (this has; saw the decreased aligned obove, (II) (we) (did) (did)	(c)	OF INJURY A.M. MONTH E OF INJURY TIREET, FACTORY, OFFICE, Inhe deceosed from, Inhe deceosed from Inhe deceosed from, Inhe deceosed from Inhe d	DEATH BUT NOT RE H OPERATION WAS IN DAY YEAR 19 FARM, ETC.) 211 LO DEGREE DEGREE	PERFORMED OCATION STREET O (my (our) obinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF II	20b. IF YE'S IN CERTIF YE IN CERTIF YE IN CERTIF YE IN THEM 18 F	COUNTY 19 22c. DATE	NGS USED SOF DEATH? NO STATE
State Dept. of Health and Mental Hygiene prior 1 INT: If them 21 is marked or them 18 shows any in	MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILETER SIGNIFICANT AT WORK NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK NOTIFY THE COUNTY OF THE CO	CONDITIONS	CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO A.M. MONTH E P.M. E OF INJURY INFECT. FACTORY. OFFICE. The decreased from Light of the decreased fro	DEATH BUT NOT RE H OPERATION WAS IN THE PROPERTY OF THE PROPER	PERFORMED OW INJURY OCCUP OCATION STREET ATTENDING PHYSICIAN DODRESS	200 AUTOPSY? YES NO NO RRED (ENTER NATURE OF II death occurred on the	20b. IF YES IN CERTIFY YE IN CERTIFY YE COMM	COUNTY 19 22c. DATE	NGS USED SOF DEATH? NO STATE
i. If them 21 is morked or them 18 shows ony injury:	WEDICAL WEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFE LITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this hosy sow the decrosed olive pobove, (I) (we) (did) (did in 22). SIGNATURE	CONDITIONS	OF INJURY A.M. MONTH E P.M. E OF INJURY STREET, FACTORY, OFFICE. The deceosed from.	DEATH BUT NOT RE H OPERATION WAS I DAY YEAR 19 FARM, ETC.) DE GREE 220 AI	PERFORMED OW INJURY OCCUP OCATION STREET ATTENDING PHYSICIAN DORRESS Y OR CREMATORY	200 AUTOPSY? YES NO RED (ENTER NATURE OF III I deoth occurred on the DIRECTOR PHY 23d. LOCATION CITY OR TOWN	20b. IF YES IN CERTIFY YE YE TOWN	COUNTY	NGS USED SOF DEATH? NO STATE

tremetten v/ 2'85 Lea's tremttory

... eve boomed a difference of the boundary ome - Predict combined Tangala) and the City

Attache out to the content to the co

id. . sontgomery followers and management of

Trout dering words and the

.ava fisacut ACC spattiv gnosa

.D .S .mojartheas.

					STATE OF MARYLAND	yra, hos g	7 7	0 4
19300	2	1.	FOR STATE	DEPAI	TMENT OF HEALTH AND MENTAL HY	GIENE & S	/ /	7 ~
ALC CUL	PA	10	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		3
18	200		EASED NAME FIRST	MIDDLE	LAST	Ze Date of Death	AY YEAR	2b. HOUR
be be	88	(ITPE	WILLIAM	5 R. 1	1335	6/30/8	35	0920M
The State of the s	20.0	3. SE)		4. RACE	5. DATE OF BIRTH	0.7.02	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
4 000	4	M	ALE	BLACK	2-24-1905	80 yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pog Pour	26	7a Bi	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
nerol n 72	No	M	PRYLAND	U.SA	WIDOWED DIVORCED	MONTGOMER	V	MD.
e fu	P	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND O	F BUSINESS OR
oy th	16	K	OCKVILLE	SHADY GRO	1	(TIPE OF WORK FOR MOOF OF WORKING EST	STATE	E Rds Com
212 hour hour be f	(A)	USU/	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	130_STREET ADDRESS	2/63	45
ND 24	MUS.	M	ARVIAND MON	Ty. DICKE	RSON YES NO 1	20955 BIQ 4	Joods	Rd.
YLA iffiin	in the second	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	24)	1
MAR w bed w	(S)	/	10SES	Tib	bs CHRISTI	E	UNKX	lown
RE, ecut	ico		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b, SOCIAL SI	CURITY NO. 17. INFORMANT	AD98949	ZION	DRIVE
MO e ex	medico	- 5	ES. NO OR UNKNOWN) (IF YES, GIV	217-34	1-0343 DORIS J. H	TUNTER FAIRE	= AV, U.	A.22032
ALTI sicion pers.	· ·		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b),	and (ci.)		BETWEEN	IMATE INTERVAL ONSET AND DEATH
T., B	vent		PART I. DEATH WAS CAUSE	D BY: COK	PULMONALE		67	DAYS
ON S ding orbo	otice		1777		DUENCE OF		0.0	
PRESTON he deoth c ne ottendir emove cordi	, mo		Conditions, if ony, which	(b) CONGE	STIVE HOART P	PILUPE	61	DAYS
the of the company.	er fr	0	gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSE	DUENCE OF		0.11	
thot thot	r oth		underlying cause last.	(c) EMP	HYSEMA		SEVE	baly ears
ires ires n ple	17,0				O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 10	a ·
RDS en sie	. ig	O			MONARY DISEASE			SAIL BOY
RECORDS. Tow requir. So been signer or the remit. Therefore the remit of the remi	no de	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED		, WERE FINDIN	
t he be	show	RTIF				YES NOT YES		. NO 🗌
VIT NASid hysid ficote froms	8 1	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
SICL SICL Sich	Hem Hem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			
DIVISION OF VIT ING PHYSICIAN: offending physic offen this certificat of she buriol-from	ad or	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
NG NG ster	orke	•	MHILE NOT WHILE AT WORK			1/3	-	100000000000000000000000000000000000000
NO IO	is si	٧.	22a.1 certify that 🕸 (this hospi	tol) ottended the deceased fro		deoth accurred an the date and have		that # (we) last
ATTE Spite	n 21		saw the deceased alive an obove, (i) (we) (did) tale no	t) view the body ofter deoth.		a deoin accurred an the date and hou		
OR A DIRECTOR	T He of		226. SIGNATURE	110 MD	DEGREE ATTENDING	MEDICAL _ STAFF _	THE DATE	O/P
TAL Ny th NAL det	65		22d PHYSICIAN'S NAME INFEC	allis it.	PHYSICIAN	DIRECTOR PHYSICIAN	6/0	7.
HOSPITAL ned by th FUNERAL	NATA	-	1/ 15 NIST	H J. WEISS /	4D. 2/2 (0 P)	LE ROAD DAMAS	cus mo	1.20872
TO HOSP retoined I TO FUNE should be	MPORTANT:		12 CHACI		2623 1			
		23a. 1	URIAL, CREMATION, REMOVAL		MAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY :T	STATE A
BP	77. 66	74.5	10 UKIAC INERAL DIRECTOR	7-3-85	11. LION CEM.	DICKERSON, A	PARISSION	(III)
DHMH - 16 50M		1	NIAME A A	LOUND THE DORE	141 WH 31131	11 7 tone 1 1.	MAK S SIGIVATI	70. 2.00
(VRA 15, 4)	0	EUKGE K. SI	JOWDEN ROC	EKVILLE, M.D.	JL 3 1905 guhar	MAN AND AND AND AND AND AND AND AND AND A	Janarac

And the state of t	301731
AND SEVERAL SERVICES OF THE SE	Ĭ.
AND SECURITY OF SECURITY SECUR	
Andrew Diversity State of Board Street Street	
ACCION CENTRAL STATE OF THE PARTY OF THE PAR	
Wasyness the waste of the same of the woods of	
Moses and the session of the session	
VEST WINT TO STREET SHEET HEATEN TRIKERS WE ARE	
The state of the s	
	St. Land
The state of the s	4 1
BUNDAL POSS PHOLIES CONCRESCONSIDE ME	
GERNALE & SNOWNEY RESIDENCE THE 3 989 OF SHEET	

4"	Ç.	
16	90	24
haurs after death. Page 4 may be	ed in by the formal ector, page 3 d be filed	A procedus

3. SEX

H BIRTHPLACE (STATE OR FOREIGN

0. CITY OR TOWN OF DEATH

Maryland

Takoma

no

CERTIFICATION

OF MADVIAND FOR - STATE REGISTRAR . DECEASED NAME MIDDLE TYPE OF PRINTS

76. CITIZEN OF WHAT COUNTRY?

STATE OF MARTEAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3.
CERTIFICATE OF DEATH	-

ERTIFICATE OF DEATH	REG. NO.	- 1	•		
Tilghman	20 DATE OF DEATH MONTH	28	YEAR 185	26 HOL	IR 49
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
MONTH DAY YEAR 12 - 10 - 1910	74 YRS.	MONTHS!	DAYS	HOURS	MIN
ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
DOWED TO DIVORCED	Montgomer	v C	0.		M

12g USUAL OCCUPATION

USA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) Washington Adventist Hosp. Retired

13m STATE 13e STREET ADDRESS / ZIP CODE LIN COUNTY Maryland P.G. 6203 Walker Capitol Hatsyes Ix 15 MOTHER'S MAIDEN NAME

14 FATHER'S NAME MIDDLE John 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

John

4. RACE

Tilqhman 166 SOCIAL SECURITY NO.

Bertie 17 INFORMANT

ADDRESS

MIDDLE

Hawkins

12h KIND OF BUSINESS OR

INDUSTRY

Bernard Tilghman-brother-7917 Wynn-18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a

wood Drive Colympian And Mid

Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse

190 DATE OF OPERATION

21d. INJURY OCCURRED

WHILE

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

a. ACCIDENT WAS UNDERLYING	216. TIM	E OF IN	VAULY MONTH		
R CONTRIBUTING CAUSE OF DEATH	HOUR	A.M.	HTMOM	DAY	YE
(IF EITHER, NOTIFY MEDICAL EXAMINER)		P.M.			

AR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE TO P

20g AUTOPSY

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211. LOCATION

CITY OR LOWN

COUNTY STATE

NO [

22a.1 certify that (I) (this haspita saw the deceased alive on obove, (I) (we) (did) (d

DEGREE

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

226. SIGNATURE

NOT WHILE AT WORK

23a BURIAL, CREMATION, REMOVAL

NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL I

June 1,1985 Harmony Memorial

Park Landover, Maryland

Funeral Home-4001 Benning Road Stewan



	_				
1	6	5)	
	iring 24 haurs after death. Page 4 may be		Tree littled in by the funeral director, page 3	Total be filed within 72 hours after death	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 25 CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

Tolentino

REG. NO.		
O. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
June 9	, 1985	3:30
. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	MANAGE DAVE	14531.06

4. RACE White Male Sept. 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

Phillipunes

D.

FIRST

Cosme

21, 1919 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR

Kensington Gardens Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

Maryland

Montgomery

Rockville

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? NO M

Engineer

MIDDLE

13e.STREET ADDRESS / ZIP CODE 199 Rollins Avenue #513 20852

4 FATHER'S NAME Juan

Phillipines

Kensington

10 CITY OR TOWN OF DEATH

FOR - STATE

LIYPE OR PRINT

3. SEX

REGISTRAR

DECEASED NAME

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE

Tolentino 166 SOCIAL SECURITY NO

17 INFORMANT

15. MOTHER'S MAIDEN NAME

12710 Viers Mill Rd. #302 Rockville, Maryland 20853

Ducot

18 CAUSE OF DEATH (Enter only one couse per line fail PART I. DEATH WAS CAUSED BY

436-44-3346

Ligaya Tolentino

Juliana

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse

19s DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

The second secon	
THE ACCIDENT WAS UNDERLYING.	T
OR CONTRIBUTING CAUSE OF DEA	ETH
OF EITHER INCIDEN WEDICAL EXAMINER	a.

TIN TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

AT HOME STREET FACTORY, DEVICE FARM ETC.

21e PLACE OF INJURY

NON THE HOW INJURY OCCURRED | I ENTER NATURE OF PULLEY PARTIES HE PART | DR FART 25

MEDICAL

70s AUTOPSYT

286 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

6/10/85

NO [

Maintenance

27x I certify that (I) (this haspital) alloyided the deceased from

21st INJURY OCCURRED

186 CONDITION FOR WHICH OPERATION WAS PERFORMED

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22L DATE SHONED

CITY OF FOWN

224 PHYSICIAN'S NAME VIVIE OF MINING

Howard S. Goldstein

7H. LOCATION

ATTENDING PHYSICIAN

4701 Randolph Road Ste. 105 Rockville, Md.

DIRECTOR PHYSICIAN

234 BURIAL CREMATION REMOVAL Cremation

23b DATE 6/11/85 231 NAME OF CEMETERY OR CREMATORY Cedar Hill

Suitland, Prince George's, Md.

1331 Rockville Pike Rockville, Maryland 20852

Grain Davidson-Randalle

DHMH - 16 60M 7/84 (VRA 15, 4)

	entrelo		
	288, 21, 1982	'still	
2000 10000000		e April 17	(Krugilli
or section to	dana) Amaz hade d'e		ed disp
for the engine of Man	E allo	the same	
		6	
	Suffer 1 1	stud	
			H 867
		n union bil o	

165069	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 REG. NO.	7797
9 25		CEASED NAME FIRST SAFOM	WIDDLE	Tran	20. DATE OF DEATH MONTH	DAY SEAR 26. HOUR
cter, pag	3. SE		4. RACE ASIAN	S. DATE OF BIRTH MONTH DAY YEAR JULY 11, 1953	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
eard direct	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUR	NTY OF DEATH
offer de	10. C	KOMA PARK		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN ASSISTANT MANA	12b. KIND OF BUSINESS OR IG LIFE) INDUSTRY
filled in bould be f	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) WN 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CO	ODE /
completely and 2 sh		THER'S NAME	MIDDLE (UNKNOW)	15. MOTHER'S MAIDEN NA		(unikalowal)
on and car		VAS DECEASED EVER IN U.S. AR YES, NO GRUNKNOWN) (IF YES, GIV			(HUSBAND) SI	TIME AS #13
DS, 201 W. PRESTON ST., BAL quires that the death certificate signed by the ottending physici her please remove carban paper to burial, cremation, or remaval.	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost	DUE TO, OR AS A CONSEOL	JENCE OF	minal disease or condition	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF THE PROXIMATE INTERVAL GIVEN IN PART 1101
he law re on. has been t permit. T ene prior:	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physicion. Viter this certificate has been sig as the buildi-transit permit. Then thand Mental Hygiene prior to be orked or frem 8 shows any injury		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	
IVISION JG PHYS offending ter this of is the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
O O O O O O O O O O O O O O O O O O O		22a.) certify that (ii) this hospi	tol) ottended the deceased from 19	H- ' / / / /	death occurred on the date and	, 19 , that (I) (we) lost hour and from the couses stated
the Director		Thus (Lewing	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
O HOSPITAL O HOSPITAL TO FLINERAL PROJECT PER SECULATION OF THE STATE		THOMOS A	BENSINGE	in 7525 GNAMI	UMY OR Dr.	Greateltas
BP		SURIAL, CREMATION, REMOVAL SPECIFY) CREMATION	JUNE 8 1985 230	NAME OF CEMETERY OR CREMATORY CHAMBERS CREMATORY		GCO. MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)	4. F	UNERAL DIRECTOR NAME HAMBERS FUNER	IN HOME RIVE	EDACE, MARYIAND J	TE REC'D. BY REGISTRAR 256. REG	a Jandon Radon

The graph of the

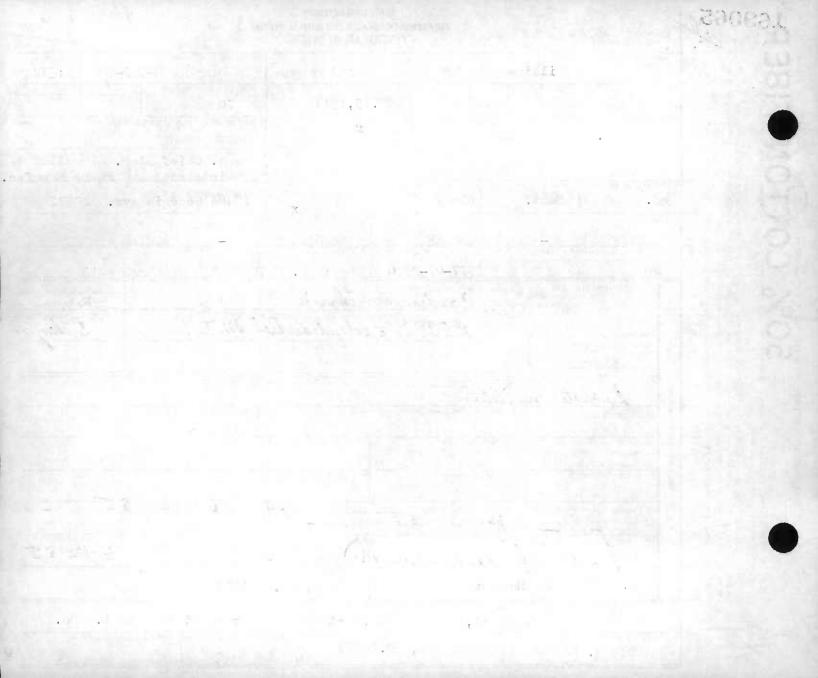
Artista and the second second

a a

9 A

5.18

1590	650	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	1 /	1	9 3
, m.			CEASED NAME	FIRST	1.	WIDDLE		AST	20. DATE OF DEATH		YEAR	26 HOUR
y be					liam	Dry		Unglesbee	(June)	6-12		9:30 ^A _M
ge 4 mo		3. SE:	Male		4 RACE WHI	TE		115,1914 YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
eoth. Pog	36		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH			MD
of the fu	89	10. CI	or town of dea Olney	ATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General Hospita (SE OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) OUNTY 13.6. INSIDE CITY LIMITS?			126 USUAL OCCUPATION 126 KIND OF BUSINESSE AT AT AT A				
filled in the	35	USU.	AL RESIDENCE (IF NURS	136 COUN Mon				134 INSIDE CITY LIMITS? YES NO	134 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP 1			
ely .	u u	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LA	
maker and a	150	1	CLARENCE			GLESBE		BESSIE	WIDDLE	WACHTER		51
nd co	dicol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE			
o o o	e 9		NO			577-07	7-8520	GLADYS H. U	NGLESBEE	S AME AS		
rificate	emaval.		18 CAUSE OF DEAT PART 1. DEATH W		y one cause pe DBY. E CAUSE (0)	Caro	liae ar	rythmia				NIMATE INTERVAL
on sinding	natic e					OR AS ACOMS	SOUTH SE OF	subendesaid	in m T			5-1
RESI e dec	traur		Conditions, if ony, gove rise to imm		(b)_	NJC	1010 a	Runnassam	ar viii I,			s course
201 W. PRESTON ST es that the death cert ned by the ottending p	l, crem		couse (a), statin									
	ro burio	NO	PART 2 OTHER SIGN	7 A	melli		TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	10
DIVISION OF VITAL RECORDS, OF PHYSICIAN: The low requirent this certificate has been significant this certificate has been significant this certificate.	giene prior	CERTIFICATION	190. DATE OF OPERA	the contract of			HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	NG CAUSES	INGS USED S OF DEATH?
Physical phy	Item 18 sh		210. ACCIDENT WAS UNE	CAUSE OF DEA	TH HOUR A	OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	IY IN ITEM 18 PART	1 OR PART 2)	
VISION OF PHYSIC STRENGING STRENGING STRENGING	ond Men	MEDICAL	(IF EITHER NOTIFY MEDIC 21d IN JURY OCCURF WHILE NOT WH AT WORK	RED	21e PLACE	P.M. E OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
DIN OIL	marl		220.1 certify that (1)		al) attended t	he deceased fr	ram	19.6	4-10 6-	12 - 19	85	that (I) (we) last
TTEN pitol	of He		sow the decease above, (I)	ed olive on		n 12	1985,0	nd that in (my) (a) opinion	death occurred on the de	ste and hour a	nd from the	couses stated
AL OR AT	It: If Item		22b. SIGNATURE	deie	eh)	m	nau.	DECREE	MEDICAL STAI		22c DATE	12.85
TO HOSPITAL (etained by the	with the Stat		DR. FRED			ıu		Olney, Md.	20832			
	3 ≤ /	23o. E	SURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	Brookevi	llo M	ont.	Md. STATE
BP		24 51	BURIA INERAL DIRECTOR	λL	JUNE	14,1985	Salem	Cemetery				
DHMH - 16 (VRA)		F	RANCIS H.	BARBE	R LAY	ronsv i	LE, MD.	20879 JUN	TEREC'D. BY REGISTRAR	not the	R'S SIGNA	



DHMH - 16 50M 4/83 (VRA 15, 4)

d b

3 +

Burial 6-5-198

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

THEODORE

23c. NAME OF CEMETERY OR CREMATORY

Glenwood Cemetery

23d LOCATION CITY OR TOWN COUNTY STATE

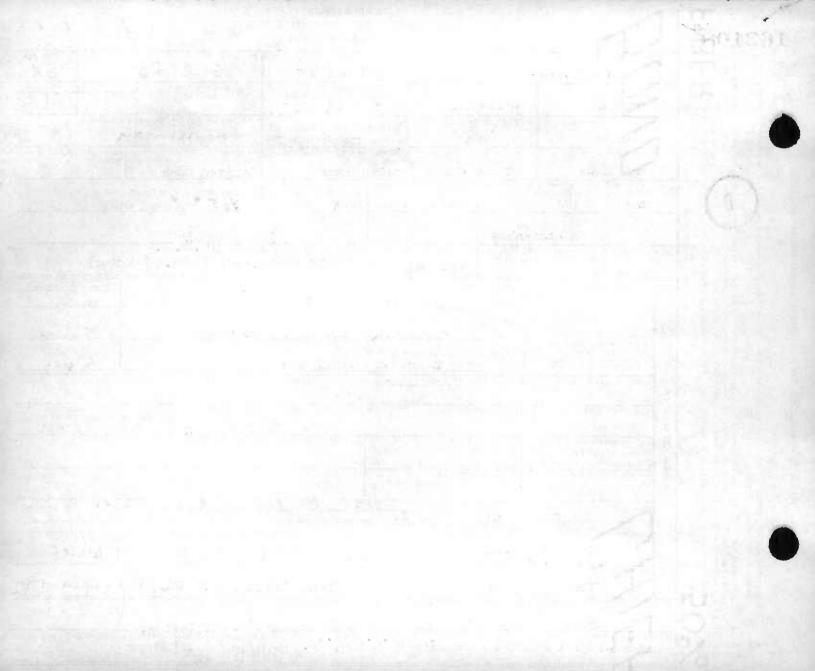
150 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

3500 RESERVOIR RD, NW - WASHINGTON

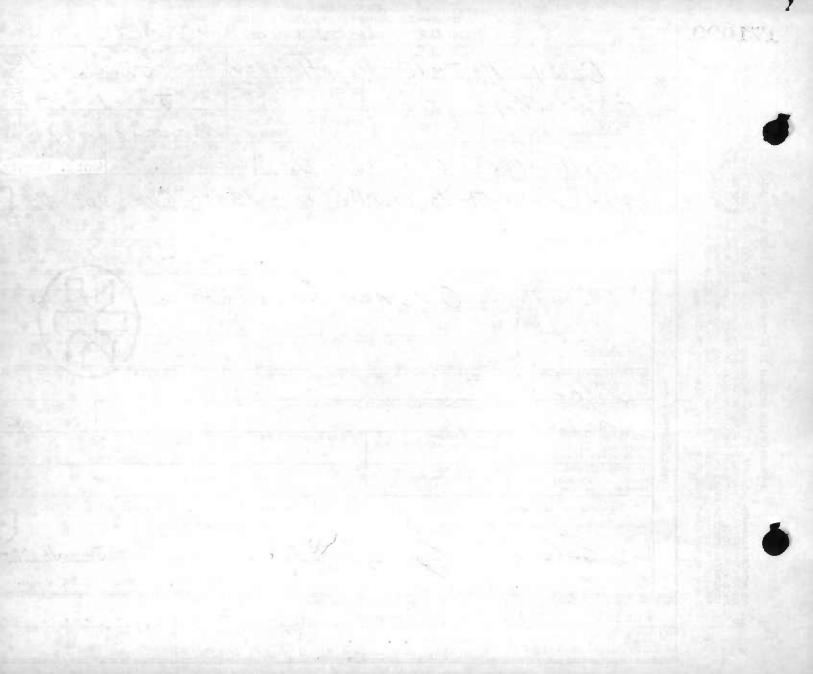
FUNERAL DIRECTOR 11800 N.H. Ave. Hines/Rinaldi Funeral Home Striver Spring, Md.

JN 6 198

5 Mill Kninkson-Rundels



1			FOR			TE OF MARYLAND	TAL HVOIENE	
4	171099	1-	STATE REGISTRAR	MEC	DICAL EXAMIN	HEALTH AND MEN	TECENHATIO	17800
	1/	I. DÈ	CEASED NAME DAT	SY KE	TTELLE	VANAHOOSEI		MONTH DAY HAVE HOLLS
	3 8 8 8 E	(TYP	E OR PRINT)	1 Ke	thello	Van Ho	OF ESTI-	Funellio DE 5
	PLEA ECTO FILE HOU STREE	3. SE)	RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN YE		UNDER 24 HRS 21. DATE OURS MIN PRONOUNCED	MONTH DAY
	ARY, PLEASE L DIRECTOR. OUR FILES N 72 HOURS NON STREET		FW.	11242-3	15 10	RS.	DEAD	nnc/6. 1950 p.
	WAS SEED //		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITYEN OF WH		8 MARRIED XXNEVER	- 111	OR COUNTY OF DEATH
	255 3/E		TY OR TOWN OF DEATH			WIDOWED L	DIVORCED LIVE USUAL OCCUPATION	THE WORK HERD OF BUSINESS
	100 E	1	Ratu. 110		CILITY, GIVE STREET ADDRESS)	while Du	Program asst.	Agriculture
	1 SHEWY	USUA 13a S	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS			2010G
	は、多数語の	130 3	MI /	y onto	ROCK	YES YES	LIMITS? 13e STREET ADDRESS	cenoble by
	MD THE	14. F/	THER'S NAME Louis	MIDDLE G.	Watto:		MAIDEN NAME	V - 1 IAST
	- SAN PER	16- 1	LOUIS VAS DECEASED EVER IN U.S. A		Kette:			Kettle
	S AFTER DE GIVE PAGE TITH FORM PAGES LAN WISION OF	(Y		NA A			t L. Van Hooser-h	
	PAH GEN		18 CAUSE OF DEATH (Enter of			103		APPROXIMATE INTERVAL
	N ST.		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a)	(1/ SA	ian Co	Valusama.	BETWEEN ONSET AND DEATH
	PRESTON ST THIN 24 HO! JL IN ITEM 1 ILE ALCING NI HYGENE REMOVAL		DVVVC D1		AS A CONSEQUENCE	OF		1-1-1
	- 546REN		Canditians, if any, whice gave rise to immediate	te (b)				
	201 W		cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF		1 1 1 1 1 1 1 1 1
			PART 2 OTHER SIGNIFICANT CONDITION	(c)	NOT BELLATED TO THE TERM	HINAL OUTLACE OR COURTY OF CO		
	BE EX BE EX EX BE EX EX EX BE EX EX EX BE EX EX EX EX EX EX EX EX EX EX EX EX EX E	Z	1/25		TO NOT RELATED TO THE TERM	MAR DISEASE OR CONDITION PIL	YEN IM PAKI 1 (a).	
	35 6 8 8 3 4	CERTIFICATION	190. DATE OF OPERATION	198. CONDIT	ION FOR WHICH OPER	RATION WAS PERFORME	D?	20 AUTOPSY?
	SHO WORD WORD WORD WORD WORD WORD WORD WOR	H	MIN	2				YES NO
	CERTIFICATE SHOUTING THE WORD TING THE WORD TO THE CHIE THE SHOULD BE USE DEPARTMENT-OF THE PRIOR TO BUSE TO PRIOR TO BUSE		UNDERLYING OR	11b. TIME OF HOUR A.M.	MONTH DAY YEAR	R 21c HOW INJURY OC	CCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
	RTIFIC NG TI NG TI SHOU	MEDICAL	CONTRIBUTING CAUSE OF		DF INJURY JATHOME	21f. LOCATION		
	DIVISION NEITH CERT NEITH NEITH CERT NEITH NEITH CERT NEITH NEITH NEITH NEITH NEITH NEIT	WE	MATTER METERS		ORY, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE
	PAN STA		22a. I certify that I took cha		-1		Inquiry .	
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: I, WITH THE MARYLAND			ural causes		Autapsy L., In vicide, Hamicide		and in my apinian
	ERTHER BOIRE		11	200		TITLE (SPEC		,
	DICAL BETHE SHOULD SEATH, OPE, M.		SIGNATURE	10	Con	M.D. 128-	MEDICAL EXAMINER	DATE June/6/22
	MEDIC WINE S W DE	1	EXAMINER'S NAME TONT	n S. Rogers	DME	19	19 Seminary Rd. S	ilver Spring, Md.
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE, AFTER DEATH, WITH BALTIMORE, MARY	23a. BI	(TYPE OR PRINT)JONI			ADDRESSADDRESS		ziver spring, iii.
07	7/84 BP	15	Burial	6/20 /85		od Cemete	m/n/1	STATE R. I.
25	DHMH - 17	24 FI	NERAL DIRECTOR		1800 N.H.	Ave. 250.	TY East Green	JISTRAR SSIGNATURE
	(VR A15 ME (5))	Hi	nes/Rinaldi Fur	neral Home	Silver Spr	ing. Md.	UN 1 8 3005	Mandagor 5



170022	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF K	E OF MARYLAND EALTH AND MENTAL HYC ECATE OF DEATH	GIENE 8 5	1	7 3	0	
5 th - 1.3		CEASED NAME OR PRINT)	FIRST Claire	M		Vern	ier	June 5, 1		YEAR	620 A	
1	3. SE	Female	4. RACE			5. DATE C	t. 11, 1916	6 AGE (IN YEARS LAST BIRTI	MONT	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
162	- 1	RTHPLACE (STATE OR FO	DREIGN 76 CITIZ	U.S.	A .	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Montgome		DEATH	MD	
by the fu	Ве	TY OR TOWN OF DEAT	(IF N	1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVESTREET ADDRESS) Suburban Hospital				12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF PSychologic	WORKING LIFE)	INDLISTRY	Gov!t.	
filled in	130 S	aryland	ng home or other ins 13b COUNTY Montgomer	130	e residence before c CITY OR TOW Bethesda	N	13d. INSIDE CITY LIMITS?	7010 Braeb	zip code irn Pla	ce	0817	
and 2 s	14 FA	Unknown	MIDDLE	Z.	LAST		15. MOTHER'S MAIDEN NA CLARE	WE		Brady		
Pages ?		VAS DECEASED EVER II YES, NO QRUNKNOWN)	N U.S. ARMED FO (IF YES, GIVE WAR OR		578-40-1		Mr. Paul Ver	ADDRES Pnier, Husbar		e as ;	#13	
n signed by the attending p Then please remove carbons or to burial, cremation, ar rem injury, or other traumatic eve	NO	TION	Conditions, if ony, gove rise to immicouse (a), stating underlying cause	which ediate the lost.	(b) (b) ETO, OR A	S A CONSEQUE S A CONSEQUE TRIBUTING TO D	PLOTE INCE OF	osclerate (st any	lasl	10	da yez
ransit permit Hygiene prii	CERTIFICATION	19a DATE OF OPERATI	RLYING 21b.	TIME OF IN		3/	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR	10b. IF YES, W IN CERTIFYIN YES THE TEM 18 PART I	G CAUSES	NO	
ter this certifications is the burial-th	MEDICAL	OR CONTRIBUTING CO	ALEXAMINER) Zie. (ATI	P.M.		19	21F LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE	
ECTOR: Af		22a.l certify that (I) (saw the deceased abave, (I) (we) (di 22b. SIGNATURE		G- 5	19 6	, on	d that in (my) (aprilian	death occurred on the do		d from the c		
TO FUNERAL DIR should be detach with the State Der IMPORTANT: If he		22d PHYSICIAN'S NAI	ME TYPE OR PRINT! W. Dejte	2. D	P.Cer	M.S	ATTENDANCE	MEDICAL STAFI	nesda,	6-6	20817	
P	230 E	URIAL, CREMATION, R	EMOVAL 236. D	7-85	^{23c.} N Ced	ar Hi	EMETERY OR CREMATORY 11 Crematory	23d LOCATION Suftian	i, Mary	Tand	STATE	
AH - 16 60M 7/B4 (VRA 15, 4)		Joseph Gawl Avenue, N.					OUTDILL	E REC'D. BY REGISTRAR 2	Sh. REGISTRAR	'S SIGNATU	JRE.	

Avenue, N.W., Washington, D.C. 20016

STATE OF MARYLAND

or friendly Claims

33 1 12 2 11 0 die

r-sometime

The second secon

, J 127

ille, ille

The second of the second

e. and water, Percent, control to ..

Misse, to the edge on the first of the contract intige , but the excess fit a for

Final training

Tomest finalegin smar, and., 5130 singunste Avenue, M. V., Name Landon, M.O. 20016

ф у. З . Е.	٦-	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLA MENT OF HEALTH AND M CERTIFICATE OF D	MENTAL HYGI	ENE 8	5 REG. NO	1	7 8	0 2	> 10
. /		CEASED NAME FIR		MIDDLE	LAST		2a. DATE OF	DEATH "	ONTH DA	Y YEAR	26 HOUR	-
5				LEN REED VIOLETTE					1985		8:25	M
1	3. SE)		4 RACE		5 DATE OF BIRTH	YEAR	6 AGE (IN YE	ARS LAST BIRTH		UNDER I YEAR	HOURS MI	RS.
1		FEMALE	CAUCAS		FEBRUARY 4	1935	50		YRS.			
6 16		RTHPLACE ISTATE OR FOREIGN INTERIOR FOREIGN INTERIOR INTO THE PROPERTY OF THE		UNITED STATES WARRIED NEVER MARRIED WIDOWED DIVORCED			9. BALTIMOR MC	NTGOM		OF DEATH		MD.
21	I	ETHESDA	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL					N WORKING LIFE)	INDUSTRY	OF BUSINESS OF BURANCE	OR
35	MAI	RYLAND	OME OR OTHER INSTITUTION COUNTY ONTGOMERY	13c CITY OR TOW		ITY LIMITS?	13e STREET A	DDRESS /	ZIP CODE	RIVE	20878	
50	14. FA	THER'S NAME FIRST SYLVESTER	OLIVER SHO	OCKLEY		FIRST CTT	NE ODIE RE	MIDDLE		U	AST	
medica	[3	ES NO OR UNKNOWN) IF	LS. ARMED FORCES? YES GIVE WAR OR DATES) 1955–1957	233-52-				ADDRES		56th	AVENUE	
en pleose remave carban burial, crematian, ar rem iry. ar other traumatic eve	7	Conditions, if any, wh gove rise to immedic cause (a), stating underlying cause la	ich (b)	r as a conseque SEVERE R as a conseque	ASTHMA ATTAC	K	NAL DISEASE	OR COND	ITION GIVEN	N IN PART 3	la .	_
ows any inju	CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION WAS PERFOR	RMED	20a AUTO		20b. IF YES, YES, IN CERTIFYI	NG CAUSE	INGS USED S OF DEATH?	_
d Mental Hygu	MEDICAL CER	21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED	OF DEATH HOUR A. (AMINER) P.	M. MONTH DA	19 211. LOCATIO	JURY OCCURRI	ED (ENTER NATI	URE OF INJURY		T I OR PART 2)	STATE	
morked	8	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this		e deceased from_	JUNE 18	. 19_85	, to	JUNE	1819	85	that (I) (we) I	ost
th the State Dept, of He PORTANT: If Item 21 is		274 PHYSICIAN'S NAME	did nat) view the bady	Cart	22e ADDRESS	TTENDING PHYSICIAN D	MEDICAL DIRECTOR [STAFF PHYSICIA AL, N	AVAL N	22c DATE	ESIGNED / BL COMM	<u>5</u>
Short AM		M. D. CANT	Y, LI, MC	USNR	INAT ION.	AL CAPI	TAL RE	GIUN	, BETHE	SDA,	MD 208	14

23E NAME OF CEMETERY OR CREMATORY

Chambers Crematory

DHMH - 16 60M 7/B4 (VRA 15, 4)

Silver Spring, Md. Chambers Funeral Home

June/20/85

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation

24 FUNERAL DIRECTOR

AATORY 23d. LOCATION
CITY OR TOWN

TY Riverdale, P.G. Co., Maryland

25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

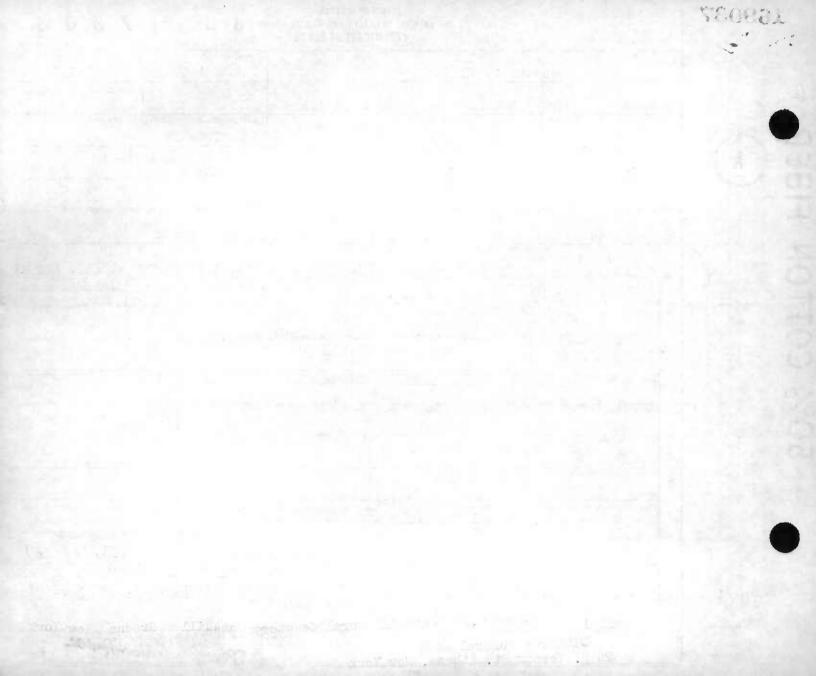
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Prog	-	7	2	n	2
2	- 1		O	0	0
REG. NO.					. 3

		REGISTRAR		CEKIII	ICATE OF DEATH	REG. NO	٥.					
		CEASED NAME FIRST	WIDDLE		TZA	20. DATE OF DEATH		YEAR 26 HO	UR			
	(TYPE	OR PRINT) KARE	EN MARIE VROMAN			JUNE 1 1	985	7:5	52 P _M			
	3. SEX	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT			R 24 HRS			
1	FI	EMALE	CAUCASIAN	MAR	CH 31 1950	35	YRS.	DAYS HOURS	MIN,			
9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8.	D XX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH				
		EW YORK	UNITED STATES	WIDOWE		MONTGOMERY MD.						
1	CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUPATION		CIND OF BUSIN	ESS OR			
1		ETHESDA	NAVAL HO		A I TO LEGATE OF THE	HOUSEWIFE		-				
S	75UA 43a. S	AL RESIDENCE (IF NURSING HOME OF TATE 131; COU	NTY 136. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	1999	19			
1		RGINIA FAIR	RFAX FT. BEL	VOIR	YES NO X	1730 KNIGH	T STREET	22060				
	4 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA FIRST	ME MIDDLE		LAST				
U	North		DSEPH PERRY , SR.			L JUNE FEIM						
3		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 110-42-		17 INFORMANT	ADDRE	.55					
		NO		REET . A	APT A1							
		18 CAUSE OF DEATH LENter only one couse per line for 101, (b), and ICH FT. BELVOIR, VA 22060 PART I. DEATH WAS CAUSED BY: RENAL FAILURE										
P		IMMEDIA	TE CAUSE (0) RENAL	FAILU	RE							
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) METASTATIC CERVICAL CARCINOMA										
		Conditions, if ony, which gove rise to immediate										
		couse (o), stating the underlying couse lost.	1 - 20 - 11 -									
	Z	PART 2 OTHER SIGNIFICANT	DITION GIVEN IN P.	ART IIO								
	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE					
	CERTIFICATION					YES VI NOT	IN CERTIFYING CA	AUSES OF DEA				
,	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR							
		OR CONTRIBUTING CAUSE OF DE		AY YEAR								
Н	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	WN COU	AITH	STATE			
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	wn cool	NIT	STATE			
			oital) attended the deceased from,	APR	IL 9 19 85		I 19 85	, that (1)	(we) lost			
		sow the deceased alive or	of view the body after death.	85	nd that in (my) (our) opinion	deoth occurred on the do	ote and hour and Ira	om the couses s	toted			
		22b. SIGNATURE	or view the body diver deom.	1.	DEGREE		220.	DATESIGNED	,			
Н		Conur/c	in	n	ATTENDING PHYSICIAN	MEDICAL STAF		3/111	187			
7		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	>	22e ADDRESS NAVAL	HOSPITAL,	NAVAL MED	ICAL CO	MMAND			
		T. C. CONCE	PCION, LCDR ,MC.	USNR	NATIONAL CAP							
	23a. B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION						
		Burial	June 6,1985 Ca	tskill	Rural Cemete	Catskill	Greene		STATE			
	24. FU	INERAL DIRECTOR Picha	rds Funeral Home			EREC'D. BY REGISTRAR	256. REGISTRAR'S S	IGNATURE				
		26 N. Vei	rnon St. Athens	More V	IIIN a	0 1085 Jul	in Navidson-V	albana	1			
			The state of the s	AT CW								

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR.



(VRA 15, 4)

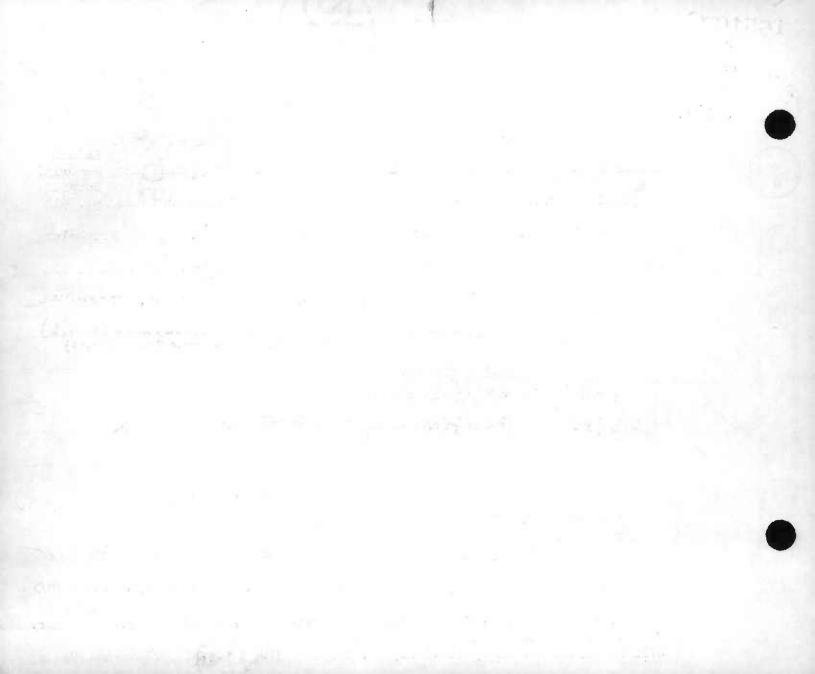
				150,00
				300
on vorsitari bin anno inter ett.				
The second second				
和一种 (×	et -	11-8	

STATE OF MARYLAND 165107 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Pame1a Walker Ann 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) DAYS Female White 08 14 1957 Ta. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland U.S.A. Montgomery County WIDOWED 10. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRE TATIO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Takoma Park Washington Adventist Hospital Pharmacy Technician Memorial USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
137. CITY OR TOWN Hospital 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 8700 Dulwick Court Apt. #12 P.G. Laurel YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph D. Sandor Marlene Drechsler 166 SOCIAL SECURITY NO ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 578-78-9221 Stephen E. Walker (Husband) Same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: ARDIO-RESPIRATORY ARREST - ACUTE TERMINAL IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF IDIOPATHICTHROMBO ONTO PENIC PURPULA - ACUTE (1 Week
ORAS A CONSEQUENCE OF EXACERS ATTEMPT CHROMIC ITP (1045) Conditions, if ony, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Prior C-Sec FINTER NATURE OF INJURY IN ITEM 18 PART I OR PART 23 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS P.M 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) Attended the deceased fro in (my) our pinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 77e ADDRESS 23a. BURIAL CREMATION, REMOVAL (SPECIFY) Buria1 6/10/85 Cedar Hill Cemetery Suitland Maryland 24 Francisci Gasch's Sons Funeral Home, P.A.

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VIT



completely

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCHENES

1	7	8	Û	1
	•			*

1	1 - STATE REGISTRAR	DEPARIM		ICATE OF DEATH	REG. NO).	
	1. DECEASED NAME FIRST	MIDDL€	l	AST	20. DATE OF DEATH		YEAR 26. HOUR
	Greta	Roberta	Wa	rd		10-1-	85 10 37 M
	3. SEX 4. R	ACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	
	Female	White	MONTH	- 3 - 12	72	YRS.	DAYS HOURS MIN.
4	Ta. BIRTHPLACE (STATE OR FOREIGN Th. C	CITIZEN OF WHAT COUNTRY?	8	1	9 BALTIMORE CITY O		ATH
1	Washington, D.C.	U.S.A.	WIDOWE	DIVORCED DIVORCED	Montgomery	County	MD.
1		NAME OF HOSPITAL, NURSING			120 USUAL OCCUPATION		KIND OF RUSINESS OF LUSTRY AME
/		AIF NOT IN SUCH FACILITY GIVE STREETS		t Hoomital	(TYPE OF WORK FOR MOST OF		
	Takoma Park	Washington Adve		t nospitar	Secretary	וען	sinfectant
	130 STATE NO COUNTY	13c. CITY OR TOWN	4	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		701
1	Maryland P.G.	Hyattsvi	тте	YES X NO 1	5008 69th I	lace 20	784
4	FIRST MIDDI			FIRST	MIDDLE		LAST
1	Albert K			Bettie	V.		Warfield
7	(YES, NO OR UNKNOWN) (IF YES, GIVE WAI	R OR DATES)		17. INFORMANT (Husb	and)	⁵⁵ 5008 69t	h Place
7	No	577-18-6	465	John P. Ward	Jr	Hyattsvi	lle. Md.
-	18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY	ne cause per line for (a), (b), and	lici	/	000-00-00-00-00-00-00-00-00-00-00-00-00	.86	APPROXIMATE INTERVAL
	X X X A IMMEDIATE CA		FRAR5	E			
		DUE TO, OR AS A CONSEQUE	NCE OF	,			
	Conditions, if any, which	(b) Respiratory	Fa:	lune			
		DUE TO, OR AS A CONSEQUE	NCE OF				
	underlying couse last.	10 Sepsis					
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN P	ART Ito
	0 6I Bleady, G	ITI + UNala	Rico				
-	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
6	6 I Bleading La 190. Date Of OPERATION 4-16-83 210. ACCIDENT WAS UNDERLYING	Cormany Anter	Dise	ase	YES NOW	YES [NO [
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TE PART I OR F	ART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION					INTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC)	21KEE1	CITY OR TO		JIAIC

TO FUNERAL DIRECTOR: BP

MPORTANT: If them 21 is marked ar

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detached for with the State Dept. of h

DHMH - 16 50M 4/B3 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)

Burial

22a. | certify that (1) (this hospital) attended the deceased from

DEGREE

ATTENDING

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY Maryland

22c. DATE SIGNED

Washington National Cdm. Suitland P.G. Ma
256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF PHYSICIAN

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

6/5/85

JUN 5

MEDICAL

160085 James Waters 0. 4. RACE 5 DATE OF BIRTH SEX 6. AGE (IN YEARS LAST BIRTHDAY) SEPT. 3. 1890 YEAR MALE WHITE 94 To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED SCOTLAND USA DIVORCED Montgomery WIDOWEDX O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CREDIT OFFICE Olney Montgomery General Hospital MANAGER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE OLNEY 13d. INSIDE CITY LIMITS? MONT 4009 ACHARLEY FOREST ST. 20832 NO P YES | 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN LOUISA ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) SAME AS # 13 577-10-2449 HENRI WATERS NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOI 216. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. LIF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a.1 certify that (1) this hospital attended the deceased from sow the deceased olive , and that in (my) (our) opinion death occurred another and hour and from the couses stated DEGREE mo ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN Keller I, lup

JUNE 3,1985

LAYTONSVILLE, MD. 20879

MIDDLE

REGISTRAR

230 BURIAL, CREMATION, REMOVAL

FRANCIS H. BARBER

CREMATION

24 FUNERAL DIRECTOR

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

BALT/WASH. CREMATORY

REG. NO

06

IF UNDER TYEAR

UNKNOWN AST

20b. IF YES, WERE FINDINGS LISED

COUNTY

STATE

CERTIFYING CAUSES OF DEATH?

2b HOUR

12b. KIND OF BUSINESS OR

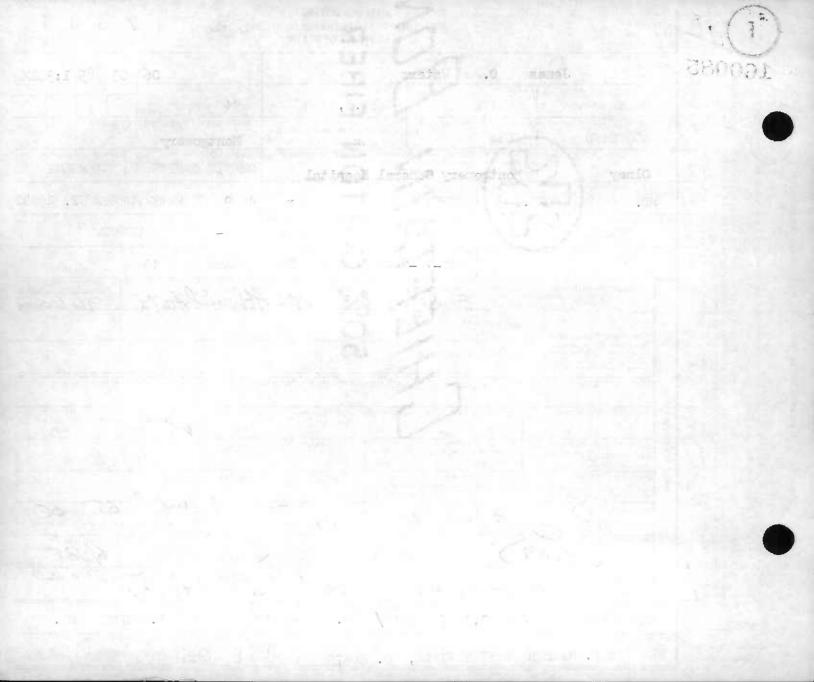
JEWELRY

2a DATE OF DEATH MONTH

23d. LOCATION MD. STATE LAUREL P. GEORGE 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE

a Day on

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔯

- STATE REGISTRAR		CERTIFICATE OF DEATH	- REG. NO).		
1. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	2b HOUR	
(TYPE OR PRINT)	EE ROY WATSON, SR.		JUNE 22	1985	2:46 a _M	
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT			
MALE	CAUCASIAN	JANUARY 28 1924	61	YRS DAYS	HOURS MIN.	
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	100	
NEW MEXICO	UNITED STATES	WIDOWED DIVORCED	MONTGOME	RY	MD.	
D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION		OF BUSINESS OR	
BETHESDA	NAVAL HOS	SPITAL	RETIRED		.NAVY	
13a. STATE Nb. 901	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW Washingt	N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 611 A STRE		20002	
14 FATHER'S NAME FIRST CHARLES WA	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST Patrici	a middle	Ch	ast BVEZ	
	ARMED FORCES? 16b. SOCIAL SECU 43-1965 525-34-02		VATSON, 611 A		WASHINGTO	
DARTI DEATH MACCALI	only one cause per line for (0), (b), one SED BY: ATE CAUSE (0) RESPIRATO		0002	APPRO BETWEET	XIMATE INTERVAL N ONSET AND DEATH	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) PULMONARY DUE TO, OR AS A CONSEQUE	EDEMA AND BRONCHI	IAL PNEUMONI	A		
	T CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR COND	DITION GIVEN IN PART	140	
198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES X NO	IN CERTIFYING CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)		

HOUR A.M. MONTH DAY

(AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

YEAR

19 85

211 LOCATION

CITY OR TOWN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

STATE

obove, (1) (we) (did) (did not) view the body ofter deoth 17 SIGNATURS

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceosed olive on.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MO

JUNE 22

21e. PLACE OF INJURY

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

USNR L. FLAX, LT, MC,

22a.1 certify that (1) (this haspital) attended the deceased from

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, NATIONAL CAPITAL REGION, BETHESDA, MD 20814

23a. BURIAL, CREMATION, REMOVAL Burial

230 NAME OF CEMETERY OF CREMATORY Arlington National

23d LOCATION Arlington, Virginia

STATE

22c. DATE SIGNED

DHMH - 16 60M 7/B4

IMPORTANT

ond Mentol Hygiene

nould be detached ith the State Dept.

or Item 18

(VRA 15, 4)

MEDICAL

24. FUNERAL DIRECTOR J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002

in Davidson Randall

COUNTY

J. s. 540's sono Jo.3 -+6. sw., ... | 140's s'ass.

I I

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	5	-	7	8

_1		REGISTRAR				CERTII	ICATE OF DEATH	RE	G. NO.		107
		CEASED NAME	FIRST		MIDDLE	Ĺ	AST	20. DATE OF DEA		DAY YEAR	26 HOUR
	TITLE	OK PKINI)	ANNE	E RE	EVES	WA	TTAM		6-1	0-1985	3 7 M
	3. SEX	(4. RACE	1 - 7 - 1 - 3 - 6	5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FE	MALE		CAUCAST	AN	SEPT			51 YRS.	DATS	MIN.
H	Ta. BII	RTHPLACE (STATE			WHAT COUNTRY?	8 MARRIE	D XX JEVER MARRIED	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH	
2		NTUCKY		U.S.A.		WIDOWE		MONTO	GOMERY		MD.
d	10 CT	TY OR TOWN OF	DEATH	11, NAME OF			OR OTHER INSTITUTION	12a USUAL OCCU			F BUSINESS OR
Э	RO	CKVILLE	FSG		18 ROSEBL		(VE	SECRETAI			L DATA
7		AL RESIDENCE (IF N	IURSING HOME OR		134. CITY OR TOW	ADMISSION)	1 13d INSIDE CITY LIMITS?	13e STREET ADDR	SS / 7IP COD		
2		RYLAND	MONTG		ROCKVILLE		YES XX NO		ROSEBUD		20853
1	I4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA.	ME	116	LAS	
		EDWARD	C	•	REEVES		ANNA		MAE		OD
1		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		
	NO	ies, no ok orknovinj	(# 123, 014	t was on parts;	303-28-02	78	JAMES M. WA	TTAM, JR.	SAME	AS 13	HUSBAND
					r line for (a), (b), and					BETWEEN	MATE INTERVAL
١		PARIT. DEATH	I WAS CAUSEI	E CAUSE (o)	RI	CIEA	ST CA	NCER		9	YEARS
		FROM 11.774		DUE TO, C	R AS A CONSEQUE	NCE OF					
		Conditions, if a		(1b)_							
		couse (o), ste	oting the	DUE TO, C	R AS A CONSEQUE	NCE OF					
		underlying co	use fost	(c)_							
	z	PART 2 OTHER S	IGNIFICANT	ONDITIONS	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART 1	a
	CERTIFICATION	0.25.05.005	140171.0	Link Contr	TION FOR LINE	0050 1710	ALLUIA OF DE CONTRO	Lee AUTOBEV2	201 IF VE	S, WERE FINDIN	Ios ussa
4	FICA	190 DATE OF OPE	RATION	196. CONL	MION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	/ IN CERTI	FYING CAUSES	OF DEATH?
-	ERT	21a ACCIDENT WAS	IINDERIVING F	7 11 TIME	OF INJURY		21c HOW INJURY OCCUR	YES NO	A	ES	NO 🗆
1		OR CONTRIBUTING		110110 4	.M. MONTH DA	Y YEAR	ZIL HOW INJURY OCCUR	CED LENTER NATURE Q	INJURY IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY A			OF INJURY	19	211 LOCATION				
	MEC		WHILE		REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY	ORTOWN	COUNTY	STATE
		AT WORK	WORK -			A	PRI 4/ 10 85	100	UE 10	10 85	
			osed plive on		he deceased from 2 2 19		nd that in (my) too topinion			, ,,	that (I) (we) last
		obove, (I) ((did no	ti view the bod	y ofter death.		DEGREE			22c DATE	
			. (1						11/	

VIEL ROSENBLUM

ARLINGTON NATIONAL

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL

BURIAL

23d LOCATION
CITY OR TOWN
ARLINGTON

VIRGINIA

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECT should be detached

MPORTANT

24. FUNERAL DIRECTOR FRANCIS J. COLLINS ESS By REGISTRAR 25b. REGISTRAR'S SIGNATURE January 1985

W. SILVER SPRING MD. 20901

6/13/85

BP.

TO HOSPITAL

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENED

CERTIFICATE OF DEATH

2b HOUR

10:35

120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Housewife Home 1703 Henry Road 20851 NO Wallace LAST ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F cuts de tidans COUNTY STATE and that in (my) iour) opinion death accurred if the date and hour and from the causes stated 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery Winston-Salem, North Carolina 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR SECONAVITE

REG. NO 20. DATE OF DEATH MONTH MIDDLE . DECEASED NAME TYPE OR PRINT Lois June 17, 1985 Weisner 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH Female July 12, 1921 White TO BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. Montgomery DIVORCED WIDOWED & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General Hospital Olney USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 113d INSIDE CITY LIMITS? Maryland Montgomery Rockville YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James Jackson Minnie 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 238-14-7057 Howell W. Weisner same as 13e 18. CAUSE OF DEATH (Enter only one couse per line for ip), jb, and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CONSEQUENCE OF matro Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT, CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART FOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 71e PLACE OF INILIRY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE | NOT WHILE AT WORK 22a | certify that (1) (this hospital) attended the deceased from, 19 85 saw the deceased alive on_ ody ofter death. ZZE. SIGNATURE DEGREE 22e ADDRESS

DHMH - 16 60M 7/B4 (VRA 15, 4)

日本

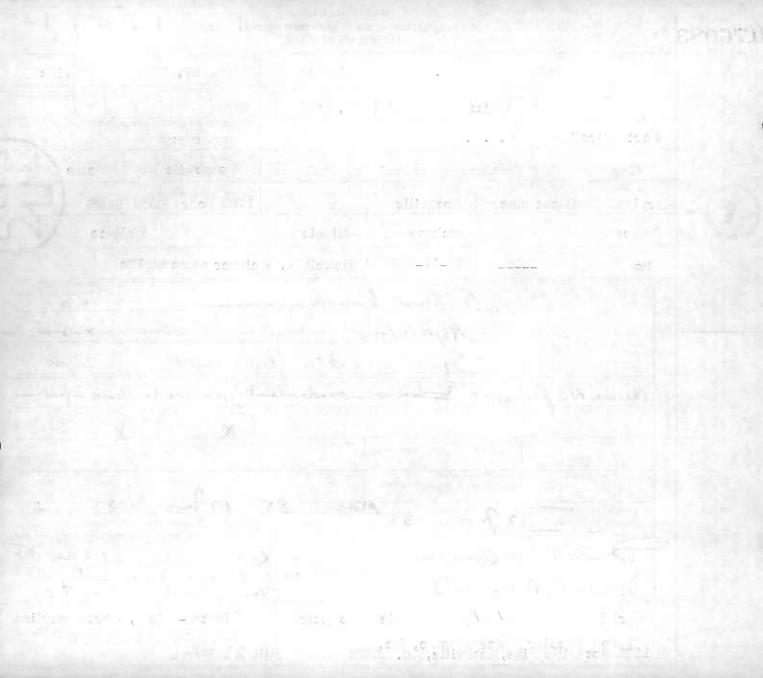
00

1331 Rockville Pike, Rockville, Md. 20852

23b. DATE 6/22/85

23a. BURIAL, CREMATION, REMOVAL

(SPE Burial

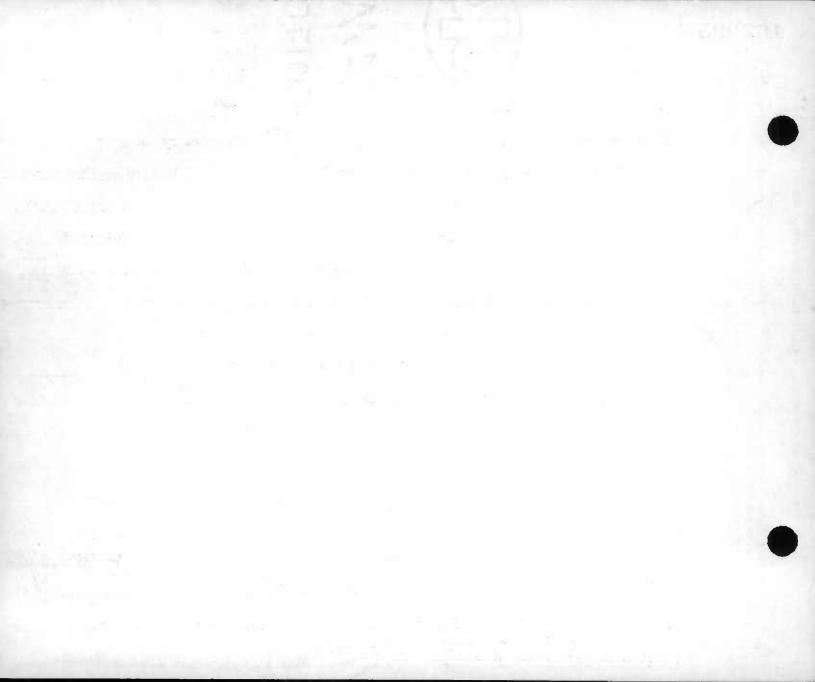


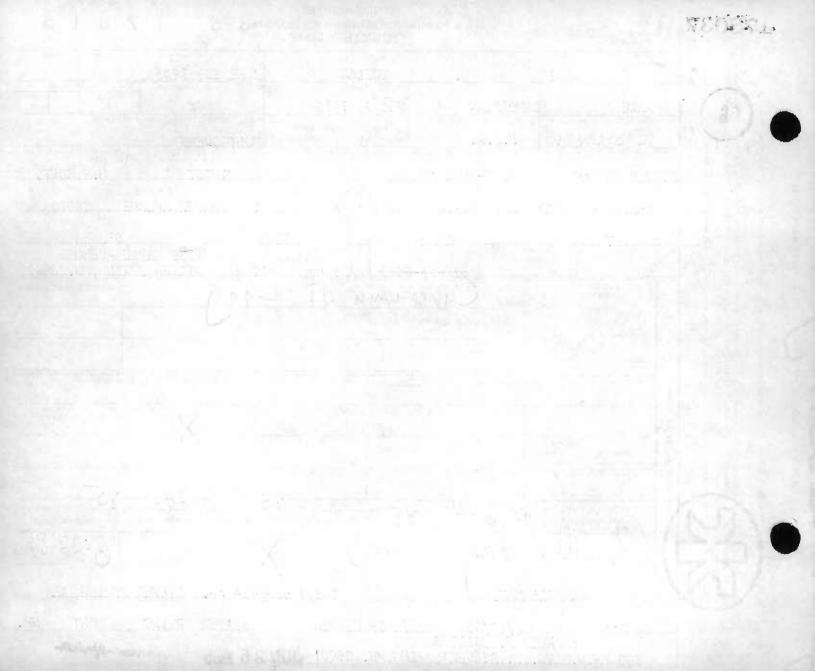
			1	,	FOR			DEPARTA		OF MARYLAND EALTH AND MENTAL H	YGIENE :	1	7 8	1 2
	1621	100		-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.		
	TOW	LUC	1		EASED NAME	FIRST		MIDDLE	, t	AST	20. DATE OF DEA	HINOM HTA	DAY YEAR	26 HOUR
	40 00	Oso			Elias We	einste					06/01/	85		7:00p M
11	# 9.	ž.	1	1 SEX			4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
-	980	1	1		lale			asian	05/	04/1898	87		RS.	
	a the	1	Ď	-	WORCESTE		ss u.	WHAT COUNTRY?	WIDOWE		☐ Montg		JNTY OF DEATH	MD.
	100	18	1	10. CIT	Y OR TOWN OF DE	ATH		HOSPITAL, NURSING THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCC		INGUEEN INDUSTRY	OF BUSINESS OR
201	Sm A	L	U		ethesda	CINIC HONE OF		ban Hospi			BUSIN	ESS O		
AND 21		The same	6	13a S	υ.	13b COUN MO	NTG.	BETHES	15.1	13d. INSIDE CITY LIMITS YES 🛣 NO 🗌		POOK	S HILL	
MARYL	mpletely	13	Ø,	4. FA	CHARLE	S	MIDDLE	WE ÎNS	TEIN	15. MOTHER'S MAIDEN	4.1	DDI£	KR	ÎTCHER
SE.	62 p	interest	2	60 W	AS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT		ADDRESS	4550 NO	. PARK A
IIWO	8 6	1	9	']	OR UNKNOWN)	111 723, 010	NA DATES)	577-03	-1672	MR. LOU	IS WEINS	TEIN	CHEVY C	
STON ST., BAL	death certificate	on, or removal.	1		18 CAUSE OF DEAT PART I. DEATH V Conditions, if ony	VAS CAUSE IMMEDIAT	D BY: TE CAUSE (0)	R AS A CONSEQUE	MOC	and of	IN FARCTI	S/S	APPRO BETWEEN	DXIMATE INTERVAL NONSET AND DEATH
35, 201 W. PRE	juiles that the di	burial, cremati ury, or other ha		Z	gove rise to im cause (a), stati underlying coust	mediate ng the e last.	(c)	R AS A CONSEQUE	ENCE OF	And IS MEG	sly		N GIVEN IN PART I	lto
RECOR	ne law red	permit. T	3	TIFICATIO	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		IF YES, WERE FIND ERTIFYING CAUSE YES	
OF VITA	CIAN, TI physical intificate	Mai Hya	7	AL CERT	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	HOUR A.	DE INJURY M. MONTH D. M.	AY YEAR	21c HOW INJURY OCC			M 18 PART I OR PART 2)	
VISION	G PHYSI of the or	ond Me		MEDICAL	21d. INJURY OCCUR		21e. PLACE		100000	211 LOCATION STREET	Cil	Y OR TOWN	COUNTY	STATE
	D HOSPITAL OR ATTENDIN Pointed by the heapthsi string O FUNERAL DIRECTOR: Aft	hould be defacthed for use or ith the Shate Dept, of Health APORTANT: If hem 21 is man	tosac		22a. PHYSICIAN'S N) (this hospi sed olive on did) Id did AME (TYPE C	may the bar	of the death. 19 CHUCKER		DEGREE ATTENDING PHYSICIAN 122e ADDRESS 2780 C	on death occurred or	STAFF PHYSICIAN [22c. DAT	- 1-85
	FFF	0	Y	13a. B	URIAL, CREMATION	, REMOVAL				EMETERY OR CREMATOR	CITY OR TO	WN	COUNTY	STATE
	BP	1	-	24 (17	BURIAL		6-3-8.			lar.		HINGT	ON. D.C	
	DHMH - 16 5			24 FQ	DANZANSK	Y-G01	LDBERG	MEM.CHI	PINC	250	DATE REC'D. BY REGIS	LKARIZSE RE	GISTRAR'S SIGNA	andell

1700	33	1-	Film G FOR 8/20/8 STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5		7 8	1 3
noy be			CEASED NAME OR PRINT)	FIRST	À	MIDDLE		ILL S	20 DATE OF DEATH	MONTH DAY	VEAR 85	26 HOUR 12 37
ctor. po	20	3 SE:	ale	4	RACE		5. DATE C	2007	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Y	Ne	RIHPLACE (STATE OR FO		USA	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY OR COUNTY OF DEATH		MD.	
3	68	3	TY OR TOWN OF DEAT	. De		HOSPITAL, NURSING HERACILITY, GIVE STREET	ADDRESSI	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Bldg. Cont.		INDUSTRY	& Assoc
A stilled to should be	1/	N	AL RESIDENCE TATE ONE THER'S NAME	None		Washingt	14	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS / 6672 32nd		N/W	999
Complex S.1 and 2	901	V	erne VAS DECEASED EVER II		ED FORCES?	Wells	RITY NO.	Martha 17 INFORMANT	MIDDLE		ouman s	
be exe	thedia	(NOn		WAR OR DATES)	225-05-4		Fr. Thomas We	ells(Son) 6	672 321		
ng physic removo	remove carbanpap emotian, ar remova er troumatic event,		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED IMMEDIATE	CAUSE (a)	CARDIAC	ARRI	257		-	MINU	MATE INTERVAL DISET AND DEATH
e death			Conditions, if ony, gave rise to imm	ediote	(b)_	R AS A CONSEQUE	ORY	FAILURE - CHR	ONIC + ACU	TE	MONTH	45
es that the med by the please re	r, or othe		underlying couse	lost	(c)_		IC HA	TELAL SCLES		DITION GIVEN	YEA	
le law requir	ony injury	CERTIFICATION	190. DATE OF OPERAT					N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY II	VERE FINDIN	IGS USED
SICIAN: TH ng physicic certificate riol-transit	tem 18 sh	_	210. ACCIDENT WAS UNDER	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR			I OR PART 2)	NO L
NG PHYS offer this of the but	orked or	MEDICAL	21d. INJURY OCCURRI	IE [21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR FOV	νN	COUNTY	STATE
ATTENDI spitol or CTOR: A d for use	n 21 is m		22s.1 certify that (1) (saw the deceased above, (1) [weit] (di	d alive an	5/3	0 19	5/2 85	d that in (my) (sor) apinion o	to <u>5/30</u> leath occurred on the do	te and have a		that (1) (we) last causes stated
by the hores			ELSY	6/4	FOR	MO, FCCI	ek boo	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		5/30	0/85
TO HOSPITAL efoined by the TO FUNERAL should be determined with the Store	IMPORTANT	02 6	EPWARD		MEHLU			5625 BRAD	KEY BOULEUR	oro. E	ETHE	OF
19999	9		URIAL, CREMATION, R SPECHY), Burial		June :	3,1985 Ga	te Of	Heaven Cem.	23d LOCATION CITYOR TOWN SILVER S			
DHMH - 16 60N (VRA 15, 4		24 10	N.W. Wa	sh. D	. C. 19	In F. L	Jelo	JUN AVENN	10 1960 3	A RE DOWN	OIGNIT	JKE

All the state of t The source of the state of the source of the -0-Date Fr. The sace willing (a. a) Core again which the core Surface Company and Alle Of 1 - on Com. - 1 filly and the Montagnan Mentagnan Mentagna Mentagnan Mentagna Mentagnan Mentagna Mentagnan M The result of the second of th Sandy Street, M.S. J. Margarty Confession

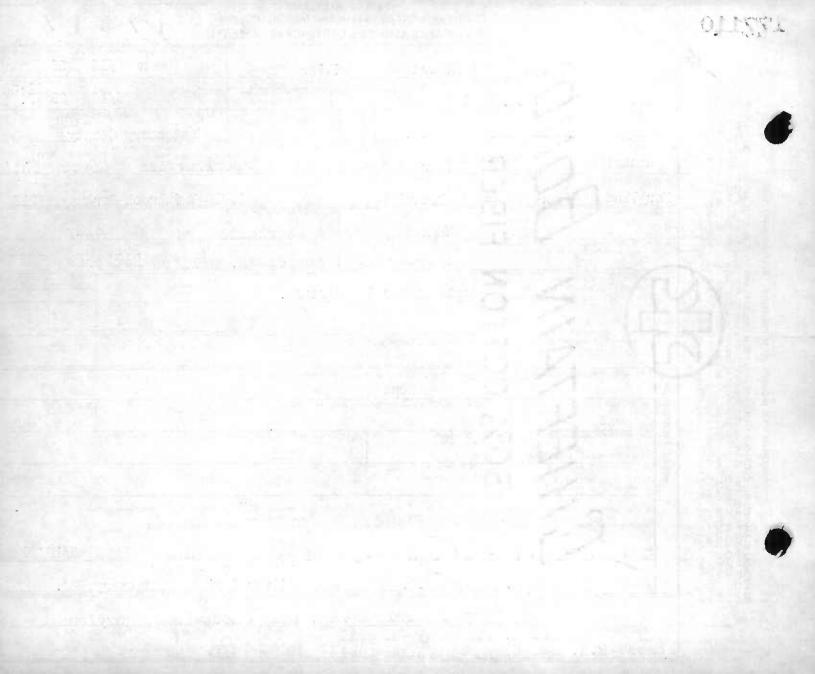
162095	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF	FICATE OF DEATH	GIENES 5	7 8	14			
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONT	H DAY YEAR	2b. HOUR			
deo th		Irthur	weng	row		6-2-85		8 р. м			
ge 4 mg	3. SE	rale	White	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.			
nerol dii n 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY) Onnecticut	U.S.A.	Y? 8 MARRII WIDOW	D NEVER MARRIED X						
		koma Park	(IF NOT IN SUCH FACILITY, GIVE STRI	Washington Adventish Hospital			12b. KIND (KING LIFE) INDUSTRY	of Business or Lry Indust			
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ss that the death certificate be received within 2 mounted by the attending physican and completely their types please remove carbon papert. Peper and 2 should be for unial, cremation, or removal. y, or other traumatic event, the readical removes in the formula or removal.	13a	STATE 1436 COL	DROTHER INSTITUTION, GIVE RESIDENCE BEF JUNTY 136. CITY OR TO ACE Geo. Adelphi	ORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP 9511 Buck Loc	CODE				
4 11 1/7	14. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N	AME MIDDLE	ge ooure	(207037			
and the contract of the contra		Irving	Wengro		Jennie		Weint	caub			
and co	160 Y	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166 SOCIAL SE 111 1643-16-		17. INFORMANT	an; 500 Fountair	St .Nov.	06515			
BALIII cot be cot be coperal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		£m.	<i>(</i>) -	100000000000000000000000000000000000000		XIMATE INTERVAL			
on ST., ding pł or remo			DUE TO, OR AS A CONSECUENCE	LIENCE OF	Joraid W	Laffered	lon				
e deat move c nation,	0	Conditions, if any, which gove rise to immediate	(b) Corona	y. C	elleros	Lewis	<i>'</i>				
that the that the by the lease re in crearing.		cause (a), stating the underlying cause last.									
RDS, 20 equires n signe Then pl rto buri injury, c	NO	PARLS OTHER GRIPTE AND	CONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR COMMO	Mol	Detres			
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir of the this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 206.	IF YES, WERE FIND CERTIFYING CAUSE YES []	INGS USED S OF DEATH?			
IVSICIAN: T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CAIR	DAY YEAR	214 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM TB PART I OR PART 2)				
PHYSIC tending tending the buric and Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
DIV NDING I or ot Use os t tealth a		270.1 certify that (I) (this has	pital) attended the deceased from		, 17	7. to June 5	2 19 25	that (I) (Ne) last			
OR ATTE e hospita DIRECTO oched for Dept of t		sow the deceased alive a abave, (I) (No) (did) (did) 27b. SIGNATURE	ot) view the body after death.	05	nd that in (my) (out) apinion DEGREE	n death oc Fred on the date an		e causes stated			
by the De ERAL DI Colore detects and I it I i		72d PHYSICIAN'S NAME CTYPE	Reduced L. Weledon M. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								
TO HOSPITAL of retoined by the TO FUNERAL I should be deto with the State L IMPORTANT. If		RICHARD	WHELTO	N	7100 Ball	more Que C	Dese &	ack We			
BP	Βι	BURIAL, CREMATION, REMOVA (SPECEY) TIAL	June 5,1985 C	hildre	n of Israel (CITY OR TOWN	Connection	STATE			
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR DANZA	NSKY-GOLDBERG M	EMOR TA	CHAPET C 25a. D/	ATE REC'D. BY REGISTRAR 256 R					
(VRA 15, 4)	1	L70 Rockville F	ike; Rockville,	Maryl	and 20852 11	05 mor 21. 1	This was Win	2002			





163138	1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 5	178	1 6
D = ms		CEASED NAME FIRE OR PRINTS	ST	MIDDLE	,	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
poge 3		VEEL	A	Cooper	W:	FENER		6-3-85	170AM
t mo	3 SE	X	4 RACE	*	5. DATE C	DAY YEAR	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
age 4	100	emale	White		July	26, 1908	76	YRS	
2 ho di		RTHPLACE (STATE OR FOREIC		F WHAT COUNTRY?	MARRIE	NEVER MARRIED		R COUNTY OF DEATH	
deat uner	_	ishington, D.				DIXX DIVORCED		someR4	MD.
by the filed with	Be	ethesola	Suc	SUCH FACILITY, GIVE STREET	ADDRESS)	SOITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF Saleswoman	F WORKING LIFE INDUST	tail
n 24 hours hourd be	F1	orida Br	ome or other institution county coward	ON GIVE RESIDENCE BEFORE 13t. CITY OR TOW HOLLYWOO	admission)	13d. INSIDE CITY LIMITS? YES 🔼 NO 📋	3800 Hill	zip code crest Drive	1999
with with a self	14 F/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		1457
T De de l'all		Edward		Cooper		Jennie			ller
and condico	16a \	MAS DECEASED EVER IN U	.S. ARMED FORCES YES GIVE WAR OR DATES)	579-44-2		17 INFORMANT	ADDRE	1. 15.4 0 2	
S. P ad F. F.	11					Martin Alloy	;110// Danv.		
hysic pope covoll	-	18 CAUSE OF DEATH (ER	nter only ane cause p AUSED BY.				1 /	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
certification in a principal in ceve		IMN	EDIATE CAUSE (a)		edia	e) f	100/		
tend tend on, o		Canditions, if any, whi		OR AS A CONSEQUE	ENGOF	to Dula		Stone	
he of he of months		gave rise to immedia	ote)	OR AS A CONSEQUE	ENGE OF	At Jun (W	carry.	a comp	
by the by the other		underlying cause lo		OR AS A CONSEQUI	ENCE OF				
ires t ires t n ple burio ry, or	-	PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	lia
en signature de la companya de la co	CERTIFICATION								
low low son)	ICA	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	
St. be con The	R.			OF INTURE		In House have a con-	YES NOXX	YES 🗌	NO [
physical litron of Hysical Hys		210. ACCIDENT WAS UNDERLY	110000	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART ;	<i>t</i> 1
SIC cer cer cer tent tent	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX		P.M. E OF INJURY	19	21f LOCATION			
PHY trends the broad A sond A	ME	WHILE TO NOT WHILE I	LAT HOME	STREET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
Afre alth anork		The I certify that it ithis		the decenned from	De	10 3 10 0	5 Drugg	3 1085	1
OR OR ITEN	. 5	sow the deceased at above, (1) (was about		e 3 10C	25. or	d that in (my) (aur) apinion	death arruped or the de	ate and haur and fram t	he causes stated
OR AT or hosp bured for bobet.		27h SIGNALIRE	did not size the box	dy after death		DEGREE			TE SIGNED
		1/1	m-	16	/	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF 6	13/50
HOSPITAL ned by the FUNERAL uld be detrophered to the Stote		12d. PHYSICIAN'S NAME	(TYPE OR FRIENT)	1		22e ADDRESS	DIRECTOR PHISIC	IAIN	12/02
TO HOSPITA retained by TO FUNER should be d with the Sto		1300	15	Kill	UD	8921 56	ade Itra	1 Court	Haite
Should be should	23a E	BURIAL, CREMATION, REM	OVAL 236. DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23/ LOCATION	· come,	lud
99 BP 17		rial	June			rael Cong.Cer			
DHMH - 16 60M 7/84						CHAPELS 250 DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE
(VRA 15, 4)	11	70 Rockville	Pike; Ro	ckville, l	Maryla	nd 20852 N	7 1095	1. K	-d-00

							STATE OF MARYLAND													
1 17	7110	1	FOR STATE			DEPARTMENT OF HEALTH AND MENTAL HYGIENE-														
3. 6	THE		REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF BEATH REG. NO.									0					
	ih		CEASED NAME		FIRST			MIDDLE			LAST		2	a. DATE	KNOWN	☐ M	ONTH DA	Y YEAR	25 HOUR	
	W	(TYF	E OR PRINT)	M	illia	am.		A160			237			OF	FSTI-	X	6/16	1985		
	SAS	3. SEX	/	4. RACE	FILL		OF BIRTH	Albe	16. AGE (IN		illar		DA LUDO A			MC	O/ IO			
	PLEA ECTO R FILE HOUI STREET					MONT!	OF BIRTH	YEAR	LAST BIRTH		DER 1 YR. IF UNDE			20. DATE PRONOUNCED	MONTH			11:00		
	SZSER	N	lale	Whi	te	Dct.	4, 1	1935		YRS.				DEAD			6/18	1985	P. ,	
	SE EN SE	70 B	IRTHPLACE (ST	ATE OR		76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COU							OUNTY O	JNTY OF DEATH						
	SEC ES	Pei	nnsylv	ania	a	United States WIDOWED DIVORCED X Montgomery C									Cour	tv				
	TAY IS NECESSARY, PLEASE THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS FOR IN PRESION STREET,	10. C	ITY OR TOWN	OF DEAT	Н	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)									176	KIND OF	BUSINESS			
	学生各里多()()		Rockvi	110												Government.				
	BC- #8	LICIT			INC HOUS										60					
101	503507	13a S	TATE	(IF IN NURS	36 COUN	YTY			Y OR TOWN	(SION)	13d. INSIDE C	ITY LIMITS?	13e STRE	ET ADDRE	SS		20	851		
E .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mã	ryland Montgor				ry	Ro	Rockville		YES X	NO 🗌	130	3013 Twinbroo			ok Parkw		av. #210	
9		14. F/	ATHER'S NAME			MIDDLE			LAST		15. MOTH	ER'S MAIDE	NNAME							
4		183						Mi 1		Cn	Chanlat			WIDDLE			Ke 1	Kelly		
10	一一人の意思など		VAS DECEASED EVER IN U.S. ARMED			R.	CFS?	16h SC	Willard, Sr.		Charlott			ADDRESS 562						
P	Enemo.	{Y	S, NO, OR UNKNOWN) (IF YES, GIVE WAR OF			WAR OR DA	(TES)	165-30-0								56	23)ąk .	Place MD	
NA NA	S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AN RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 GROED TO THE CHIEF MEDICAL EXAMINER ALONG WITHER 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PARE EDEPARTMENT OF HEALTH AND MENTAL HYGIENE DIVISION OF PRIOR TO BURIAL, CREMATION, OR REMOVAL		No							0920	Patr	ricia	В.	Wil	lard	ве	thes			
-		1	18 CAUSE O						o), and (c).)								В	APPROXIM	ATE INTERVAL SET AND DE ATH	
Z			PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial disease.																	
010		,000	DUE TO, OR AS A CONSEQUENCE OF																	
2		MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate (b)																	
×.			couse (a) stating the under-																	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST			lying couse lost.																	
S,			PART 2 OTHER CIGNIFICANT CONDITIONS CONTRIBUTING TO OCATA BUT NOT BELATED TO THE TERMINAL OCCUPANT OF A CAMBRILLY OF A CAMBRIL																	
5			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)																	
8			None																	
-4			19a. DATE OF	OPERAT	ION	1	9b. CONDI	TION FOR	WHICH OPE	ERATION W	AS PERFOR	MED?					20	AUTOPS	Y?	
- €			None	2														YES [NOX	
J.	AEN NO BE	*	21a. EXTERNA				16. TIME O			21c. HC	OW INJURY	OCCURRE	D (ENTER NA	TURE OF INJ	URY IN ITEM	IB PART 1	OR PART 2)			
Z	SRIM SEL	¥	UNDERLYING	Je Ho	R		HOUR A.M			AR	1	None								
Sio	PAN	2	21d. INJURY C				P.N		Y (AT HOME,	711 10	CATION	TOTIC					-			
Ž.	S CE RETI	ME	WHILE AT WORK				STREET, FAC	TORY, FARM,	ETC.)		TREET			CITY OR TO	WN		COUNTY		STATE	
	THIS C WARDI WARDI PAGE 3 17ATE D 21201		AT WORK	AT WC	RK															
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE & SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 21201	110	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry . , and in my opinion																	
	NO FILE		deoth resulted from: Natural couses X., Accident ., Suicide Homicide Undetermined manner																	
	CERTILID BUILD BUILD BUILD BUILD BUILD BUILD BUILD WITH WARY		TITLE (SPECIFY)																	
			ACTUAL	E	-63	-		(, ,						D	ATE	6/1	9/85	
	SEX SEE														3/03					
	NO STATE		EXAMINER'S NAME John S. Rogers, M.D. 1919 Seminary Road ADDRESS Silver Spring, Montgomery, Md.																	
	PAGE LA PAGE L														Mon	tgor	nery,	Ma.		
	F m q: F ∢ q	23a.B	URIAL, CREMAT	ION, REA	MOVAL	23b. DATE	June	23ε.	NAME OF C				23d. LOC	NWOTS			COUNTY		STATE	
07/84	BP		Buria	11		21,	1985	1	Park1	awn M	em.P			ckvi		_ M.	ary1	and		
25M	DHMH - 17	24. F	UNERAL DIREC	TORRO	ber	t A.	Pun	phre	ey Fur	neral		25a. DATE R	EC'D. BY R	REGISTRA	100	GISTRA	R'S SIGN.	ATURE		
	(VR A15 ME (5))	Но	mes, I	A.	Be	thes	da,	Mary	land	2081	4	UN 2	4 198	35	. with	wids	on-Man	ndell		

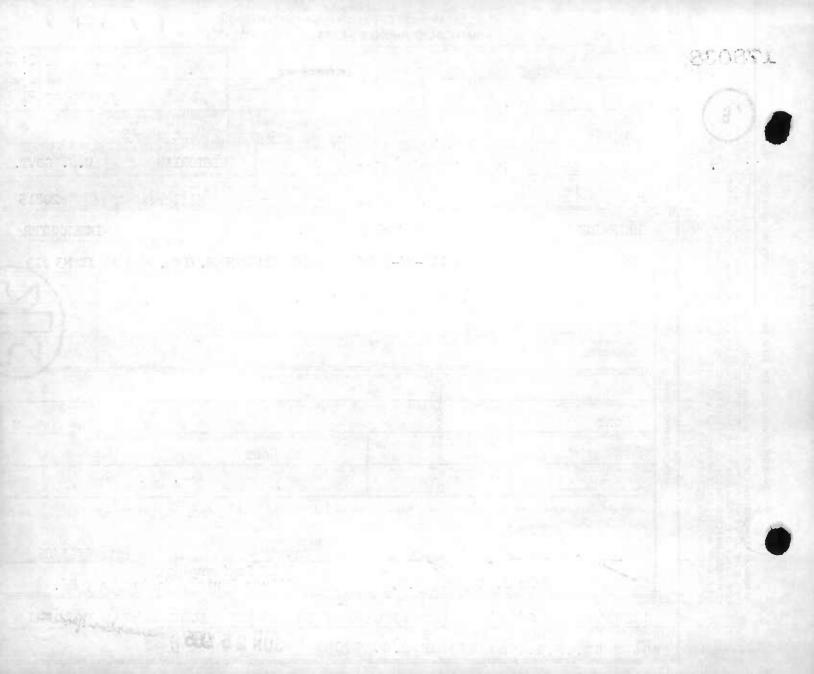


STARL Gerrye Newson Wilson THE ES 60 37 HA U.S.S. DICO TENESTY 1550W Control the Control of the Control o CANAL SERVICE CANALO MI MENT TOLDE PLAT COST MESTINGUESS AND and the william to the said to received 25 47 FW SUPPLE EIZO 75575 N. H. H. W. L. F. F. F. B. Cooking to the control of the contro Be due to the fact the state of the desired Third

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 178038 20. DATE KNOWN X (TYPE OR PRINT) DEATH MATED Rudolph August Winnacker SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOLINCED Male White Aug. 25, 1904 80 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. GERMANY DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH FORMALSTORIAN Chevy Chase 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Chevy Chase 7002 Hillcrest Place 20815 15. MOTHER'S MAIDEN NAME NIEDERMEYER WINNACKER HEINRICH FRIEDA 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-24-1175 HELEN WINNACKER WIFE SAME AS ITEM 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Lymphoma (large cell). Months DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which . gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION None 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY Inquiry X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Natural couses X death resulted fram: Accident _ Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 6/21/85 Deputy MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION REMATORY ALEXANDRIA VAROUSIANI

ZSO. DATE REC'D. BY REGISTED AND STANDARD TO S CREMATION 6/22/85 METROPOLITAN CREMATORY 07/B4 25M 24 FUNERAL DIRECTOR T ST., N.W., WASHINGTON, D.C. 20009 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



DHMH - 16 60M 7/84

(VRA 15, 4)

P.A. Bethesda Maryland

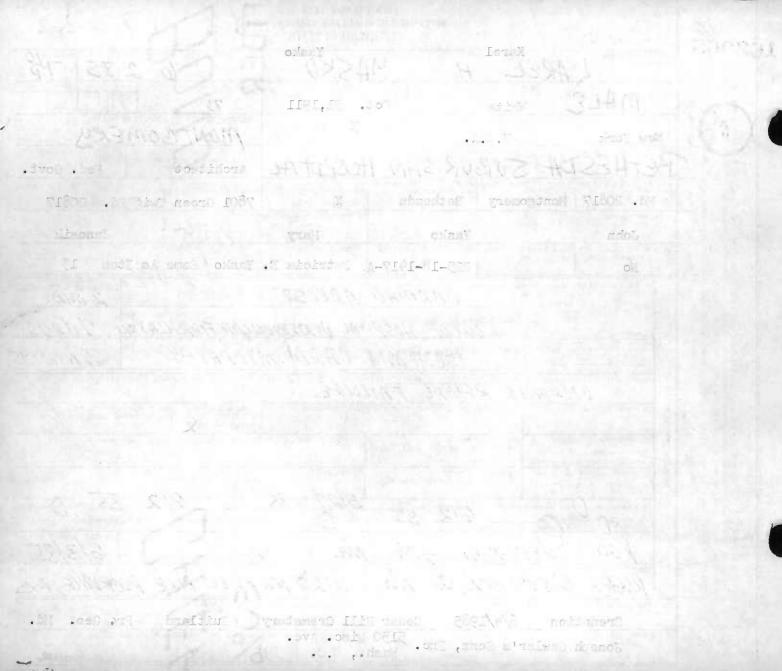
STATE OF MARYLAND

		STATE OF MARYLAND												
171042	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS											
1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.							
10	1. DE	CEASED NAME FIRST		MIDDLE			2a. DATE OF DEATH		DAY YEAR	25 HOUR				
0 WE		OR PRINT)	l l.					1 1	1 00	1.701				
noy be		Rebe		G.	Wo1			6 1	100	Cid/MM				
Te p	3. SE		4. RACE		S. MATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.				
ge 4	1	female	cauca	sian	Apr	19, 1894	91	YRS.						
Poor in		RTHPLACE (STATE OR FOREIGN	75 CITIZEN C	F WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNTY OF DEATH							
C 6 25 0		cyland	United	d States	WIDOWE	DINEVER MARRIED DINORCED	Manakan	0		40				
de la fina de		TY OR TOWN OF DEATH				OR OTHER INSTITUTION	Montgomer			125 KIND OF BUSINESS OR INDUSTRY				
the the			(IF NOT IN	SUCH FACILITY, GIVE STREET	ADDRESS)	Center	TYPE OF WORK FOR MO		FE) INDUSTRY					
tile by	100	evy Chase		sda Retire		& Nursing	Teacher		Edu	cation				
po pe in po	13a. S	AL RESIDENCE (IF NUR	COUNTY	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP COD	CODE					
7 量量	Man	yland		Baltimor	9	YES NO				d/ 21216				
]4. FA	THER'S NAME	2-0-			15 MOTHER'S MAIDEN NA	AME							
人生生 杨//	7	Louis	MIDDLE	Gordon		FIRST	MIDDE		Griver					
E V	160 1	VAS DECEASED EVER IN U.S	A PANED EODOES		IDITY NO	Rachel Rachel	ADI	DRESS CT						
bog by			5 GIVE WAR OR DATES			17 INTORMAN			se, Md. 20815					
S. Pe		no		216 46 2	831	Joan W. Holl	ander, 7 W	. Kirke	e St.,					
icate hysicid paper ovol.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY:												
phy npo movent		PART I. DEATH WAS CA	540											
rbo rbo rre	519	1		00.00.000000000000000000000000000000000										
tend e co on, c		Conditions if any which		OR AS A CONSEQU	ENCEOF	16 SOFER	9		100	45				
e de de not notice		Conditions, if any, which gave rise to immediate												
by the serve		cause (a), stating the underlying cause lost			21.10									
tho d b leas iol,		(c) CPC Parting Security (c)												
an pane	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	ONDITION GIV	I GIVEN IN PART To								
The inju	NO.				The same									
been mit. prior	CAT	190 DATE OF OPERATION	19b. CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
he lo on. hos t per ene ene	E						YES X NO		ES 🗍	NO 🗆				
N: The system of the control of the	AL CERTIFI	210. ACCIDENT WAS UNDERLYIN		OF INJURY		2 L. HOW INJURY OCCU	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)					
Pha for the phase		OR CONTRIBUTING CAUSE O	PEAIN	A.M. MONTH D	AY YEAR									
HYSICIAN Ideng photograph is certify buriol-tr Mentol or item 1	MEDIC	21d. INJURY OCCURRED		E OF INJURY	17	211 LOCATION								
the heed of	W	WHILE TO NOT WHILE T		STREET FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OF	RTOWN	COUNTY	STATE				
NG Affer		AT WORK AT WORK			at.	71	1/11		21-					
S Les		22a Certify that (1) (this I	/ /	the deceased from	1/1	, 19	, to 60 ft			that (I) (we) lost				
Spirte for for 21		saw the deceased aliv above, (1) (we) (did) (d		dy affer death.	. 00	nd that in (my) (our) opinion	death occurred an the	e date and hou	ur and Iram the	causes stated				
OK A be hor DIRE Ocched		226 SIGNATURE	1.			DEGREE A			22c. DATE	SIGNED				
Y the O A T D O O O O O O O O O O O O O O O O O O		mid	No M	usoch		M) ATTENDING	MEDICAL S DIRECTOR PHY	TAFF SICIAN	6/11	1				
O HOSPITAL etoined by th TO FUNERAL should be dett with the State		228 PHYSICIAN'S NAME (YPE OR PRINT)			22e. ADDRESS			, , , , , , , , , , , , , , , , , , ,	, , ,				
FUN old I	-	MILL	· C.	.) h. a		24.1-6	AA Wa	chinata	on, D.C.	20037				
TO HOSPITAL (retoined by the TO FUNERAL Eshould be deto with the State ElmPORTANT: If	00	1 7 7 7 7		MI	NIAME OF S	1000		Suringe	JII, D. C.	20037				
	1	URIAL, CREMATION, REMO		A STATE OF THE STA		EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE				
BP	_	remation	Jun 1	.2,1985 Me	tropol	itan Cremato			Virgi					
DHMH - 16 60M 7/84	24 FU	NERAL DIRECTOR Robe	rt A. Pu	mphrey Fur	neral	Homes. 250. DA	TE REC'D. BY REGISTR	AR 256. REGIS	TRAR'S SIGNAT	URE				

STATIS Block of the March and March and March C 11 3 6 5 1 Editor AND THE PROPERTY OF A SAME " marsh a stranger - N - N New York of the Control of the Contr

STATE OF MARYLAND

More delication delication The was the property of the Man Man Man Man Man Bright State of Bullion and Charles and Charles



230 DATE RECID. BY REGISTRAR 256 REGISTRAR SISKS NATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

The state of the s

STATE OF MARYLAND

1 - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	13	2 4
1. DECEASED NAME FIRST Char	MIDDLE	-	ckelson	June 29	, 1985	26 HOUR 6:50 A	
3. SEX Male	4. RACE White	2	5. DATE O	ary ⁰ 9, 19 ⁶ 0°7	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Washington, D.		S. A.	8 MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY <u>OR</u> COUN Montgomery	TY OF DEATH	M
Silver Spring		HOSPITAL, NURSIN		DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING METCHANT	12b. KIND C INDUSTRYV CLOT	of Business Of len's hing
USUAL RESIDENCE (IF NURSING HOME 130 STATE Maryland Wont	or other institution JNTY gomery			13d. INSIDE CITY LIMITS?	13757 FERRITADDRESS / ZIR CO	Way, Ax	t. 9-6
14 FATHER'S NAME Abraham	WIDDLE	Yockels	on	15. MOTHER'S MAIDEN NA/ Rébecca	WE	(Unkno	iwn)
16a WAS DECEASED EVER IN U.S. A	RMED FORCES? GIVE WAR OR DATES)	579-05-6	383-A	Dr. Allan E.	Yockelson Silv	Bel Pre er Sprin	Road, 1g, Md.
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly one cause per SED BY:	line for (a), (b), and		each lain.	. 0	BETWEEN	MATE INTERVAL ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Renal building	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) Hyphtinster. Carcliovas cular Disease DUE TO, OR AS A CONSEQUENCE OF	5 years

arkensons 1) usease

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY MONTH HOUR A.M. DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21e. PLACE OF INJURY 21d INJURY OCCURRED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR 19

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE CITY OR TOWN

22a I certify that (1) (this haspital) attended the deceased from Qnmos and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED DEGREE

SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20n AUTOPSY?

NXX

6/29/1985

NO [

211 PHYSICIAN'S NAME (INTERPRINT Israel Spector. M. D.

22e. ADDRESS

12001 Ferrara Avenue, Wheaton, Maryland

23a. BURIAL, CREMATION, REMOVAL (SPECIFY Burial

6/30/1985

23c. NAME OF CEMETERY OR CREMATORY Judean Memorial Gardens

"veney.

Montgomery,

DHMH - 16 50M 4/83 (VRA 15, 4)

MONAED METSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

MPORTANT:

		W		
	The state of the s			6100334
			. L. necessions!	
in a recommendation of the				
	Jan I was			
The same of the sa				
Ele Ve Ve			15.40116	
Assurably are extraorded		J. 10 100		
The Spinish and the de		17 1		
water-without car co				

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG. NO

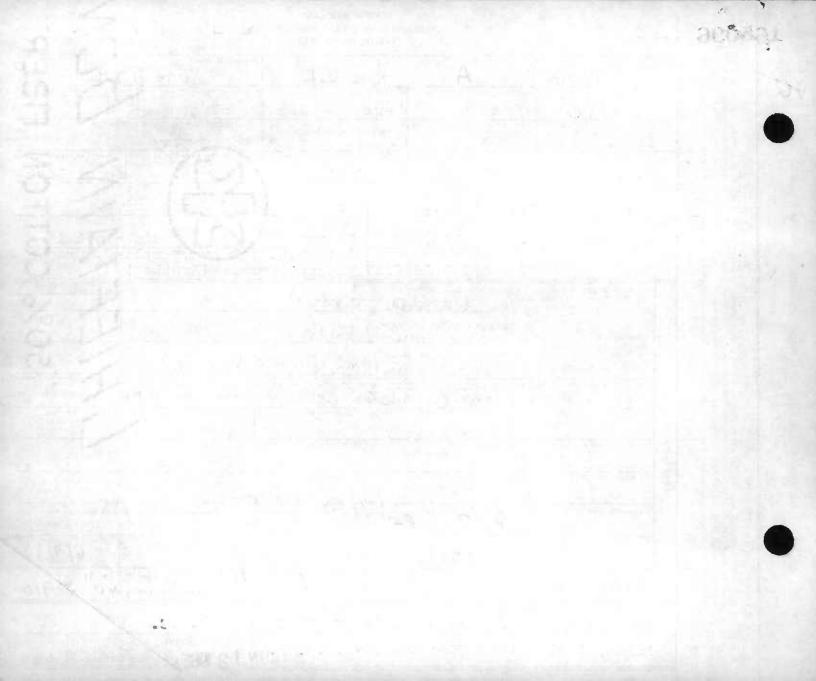
13		EASED NAME	FIRST	N	AIDDLE	A & L	AST	V-1	20 DATE OF DEATH MON	TH DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	obert	Million	A	Yo	Surve	K	JUNE	2 7	1985	8.45 M
0	3 SEX		1	RACE	-	5. DATE C		6	AGE (IN YEARS LAST BIRTHDAY	IF UN	DER I YEAR	IF UNDER 24 HRS
		male	2	White		Mar		1928	57	YRS.	DAYS	HOURS MIN.
76		RTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUN	TRY? 8	NEVER	MARRIED -	BALTIMORE CITY OR CO	DUNTY OF E	EATH	
9		Penn.		USA		WIDOWE	D D	NORCED X	Montgomer	У		MD.
1	10. CI	TY OR TOWN OF DEA	ITH 1		OSPITAL, NU	IRSING HOME C	OR OTHER INS	MOITUTION	120. USUALS CHAT OF WO	E III	Supr	BY PHESS OR
75		s.s.		Holy	y Cros	ss Hosp	pital		US Gov't.	S		ialist
7/	USUA 13a. S	AL RESIDENCE HE NURS	ING HOME OF C		130 CITY OR		13d. INSIDE	CITY LIMITS?	3e.STREET ADDRESS / ZIF	CODE	-	NGAIL
B		Md.	Mor	nt.	S.S		YES 🔀	NO 🗌	1306 Sarah	Driv	eX	0109
61	14. FA	THER'S NAME	M	NDDLE	LAST		15 MOTHER	'S MAIDEN NAM	MIDDLE		LAS	i i
2		Vincent	M	1.	Yosv	wick	Lend	ora		Micha		
1		VAS DECEASED EVER		VAR OR DATES	166 SOCIALS	SECURITY NO.	1		7th Averpo		d, (regon
/		Yes	LWW		207	16 651	Vinc	cent Yo	swick (Brot	her)		
		18. CAUSE OF DEAT	H (Enter anly	ane cause per	line for (a), (b	o, and ic .1		4			BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	IMMEDIATE		Can	rdicke	you	W33				
				DUE TO, Q	R AS A CONS	EQUENCE OF	-1	0				
		Conditions, if any,		(d)][Dalmi	2 Shice	26.			1	
		gave rise to imr		DUE TO OF	AS A CONS	EOURNEE OF	0 0		/			
		underlying cause	last.	(c)_		endier	(a) an	etrin (Massive)			
		PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	DNTRIBUTING	TO DEATH BUT	NOTELATE	D THE TERMIN	VAL DISEASE OR CONDITION	ON GIVEN I	PART 1	0 2000
	CERTIFICATION	O Pulm	name	1 dder	ne. (2)	Bilal	no Ci	etensin	Proumono	e Kus	p:200	many les
9	CAI	19a DATE OF OPERA	TION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERF	ORMED		CERTIFYING		NGS USED OF DEATH?
/	Z F				Wind to				YES NO	YES [NO 🗌
0		210. ACCIDENT WAS UNI		21b. TIME O		DAY YEAR	21c. HOW II	NJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)	
7	SAL	(IF EITHER NOTIFY MEDI		P./	M.	19						the second
1	MEDICAL	21d INJURY OCCUR		21e. PLACE (OF INJURY	FICE FARM ETC 1	211 LOCAT		Citi Di tawn		OUNT	STATE
	2	AT WORK AT WO	RK			11.	1 02	5.20	000 1	21	-	
		22a.1 certify that (1)	(this hospite	ol) attended the	deceased fr	The same	1 83		10 6/	1/ 19		that (I) (we) lost
		saw the decease above, (1) (we) (a		view the body	after death.	19 8 5 , 01	nd that in (my) (aur) opinian de	eath accurred an the date o	in hour and	fram the	causes stated
		226. SIGNATURE	λ	10	0 /	7	DEGREE		/		220 DATE	SIGNED DE
1			B	D C	noe	20	W	PHYSICIAN PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		-	0/ 0/10
7		22d PHYSICIAN'S N		PRINT)			22e ADDRE	55 8500	Hus St	sure	G-31	
1		A-A-C	410					1	31 Ver 31	ring 1	ND.	20910
		BURIAL, CREMATION,	REMOVAL	23b DATE		23c NAME OF C			23d LOCATION	ťO	UNIY	STATE
	'	Crematic	n	6/11	/85	Lee'	s Crei	natory	Wash.D.C	•	- 171	

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: IF

Cremation 6/11/85 Lee's Crematory v
24 FUNERAL DIRECTOR Himes/Rinaldi 11800 New*ESHamp.Ave.S.S.Md

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



168120 to	STATE OF MARYLAND POR 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH PEG NO.
	DECEASED NAME AND FIRST AND MIDDLE 128 DATE OF DEATH MONTH DAY YEAR 126. HOUR
oy be booge 3 deoth	SEX 14 RACE S. DATE OF BIRTH 6. AGE (IN YEAR LAST BIRTHDAY) I UNDER 1 YEAR IF UNDER 24 ARS.
te 4 may	MARCH 21 1910 75 YRS. MONTHS DAYS HOURS MIN.
A Pour	18. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
deor.	WASHINGTON, D.C. U.S.A. WIDOWED DIVORCED MONTGOMERY CO. M. O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION J 126. KIND OF BUSINESS OF
of the contract of the contrac	Silver Spring Fairland Nursing Home Stempton Stempton
ND 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 132 CITY OR TOWN 134 INSIDE CITY LIMITS? 138 STREET ADDRESS
hin 24 I hin	MARYLAND MONTO MAY CO. SILVER SPRING YES NO 13400 DOGWOOD DR. / 2090
MARY maplete ond 2	THOMAS CALVIN YOUNG BERTHA M. CONNELLY
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in opers. Pages 1 and 2 should be fill ovel. 11, the medical examiner must be not the must be not the medical examiner must be not the	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1577-09-6826CLAIR YOUNG (WIFE) SAME AS #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT NG PHYSICIAN: The low requires that the death certificate by of outending physician that this certificate has been signed by the otherding physicia os the burial-transit permit. Then please remove carbon papers than and Mental Hygiene prior to burial, cremation, or removal. orked or Item 18 shows any injury, or other troumatic event, the	APPROXIMATE INTERVAL BELIEVEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
he low recon. hos been to permit. If ene prior to ows only in	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 100 NO
N OF VITAL SICIAN: The ng physicion certificate in criol-transit pental Hygiei ental Hygiei frem 18 sha	OR CONTRIBUTION OF THE PROPERTY IN THE PROPERTY OF THE PROPERT
G PHYSIC ottending of the burier is the burier in and Men	OR CONTRIBUTING CLOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK AT WORK TO STREET CITY OR TOWN COUNTY STATE
Se Se	220.1 certify that (I) (this has plant and did the diseased from 19 ond that in (my) (exclusion and death occurred on the date and hour and from the causes stated
AL OK ATTEN the hospitol AL DIRECTOR retached for u ite Dept. of H it frem 21 is:	Obove, (I) was all the body of the cleoth. 27b. SIGNATURE ATTENDING MICAL STAFF PHYSICIAN DIRECTOR PHYSICI
TO HOSPITAL retoined by the TO FUNERAL should be deter with the State with the State	Thomas & Dooley 220 ADDRESS 17904 GEORGIA DOVENUE OCNEY, MARYLAND
	136. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY STATE
BP DHMH - 16 50M 7/77	CREMATION JUNE 11 1985 CHAMBERS CREMATORY RIVERDATE PGCO. MARYLAN FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE, LO
(VR A 15 (4))	CHAMBERS FUNERAL HOME SIWER SPRING NO JUN 1 3 1985 I WER SOUNDER SPRING NO JUN 1 3 1985

1000 Frank I Willer PIPE SHIP STATE STATES Standard Commencer Hittle (1870) O HER TENERAL SONIE STORMS STORMS STORMS STORMS SONIE STORMS SONIE TO PER THOMAS CARUNA YOUNG BERTIN PL CONNECULY LES IN COURT SIN-ON-WILLOUNG WINE (WE) SAVE IN THE THE PROPERTY OF THE PROPERTY O ENTERNA VALORIO EN PUPILIS O

FATHER'S NAME

Fredrick

MIDDLE

Cardina1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

15. MOTHER'S MAIDEN NAME

Teahelle

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED

8	5

Park

LAST

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	/ 0	41			
	1. DECEASED NAME FIRST (TYPE OR PRINT) Grace	Isabelle	Young	26. DATE OF DEATH MONTH June	DAY YEAR 08 85	2b. HOUR 12:43A			
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR				
	Female	Caucas	June 21 190		MONTHS DAYS	HOURS MIN.			
?	Mass. BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY USA			BALTIMORE CITY OR COUN					
1	Bethesda	11. NAME OF HOSPITAL, NURSIN NENOT IN SUCH FACILITY, GIVE STREET Naval Hospital	ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife		OF BUSINESS OF			
5	USUAL RESIDENCE (IF NURS 130 STATE Virginia	TITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW Burke		13e.STREET ADDRESS / ZIP CO		122015			

C	redrick	J.	Cardinal		Isa	belle	Park		Store	ev
?	(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES]	94-112-1-2		FORMANT	Carol	Louise Gorey			
	NO		035-16-52	62	10219	Eagle	Landing Ct.	Burk	VA.	22015
Comment of the Party of the Par	Canditions, if any gave rise to im-	, which (b) (b)		monary EOF Cance	Arre				APPROXI	MATE INTERVAL DNSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O.

			YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
21d INJURY OCCURRED ILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STA
220.1 certify that (I) (this haspital)	attended the deceased from Marc	h 04 , 19 85	to June 08		that (II (we

abaye (1) (wa) (did vidid not view the body after deat DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

Allan W. Cashell, LCDR, MC, USN

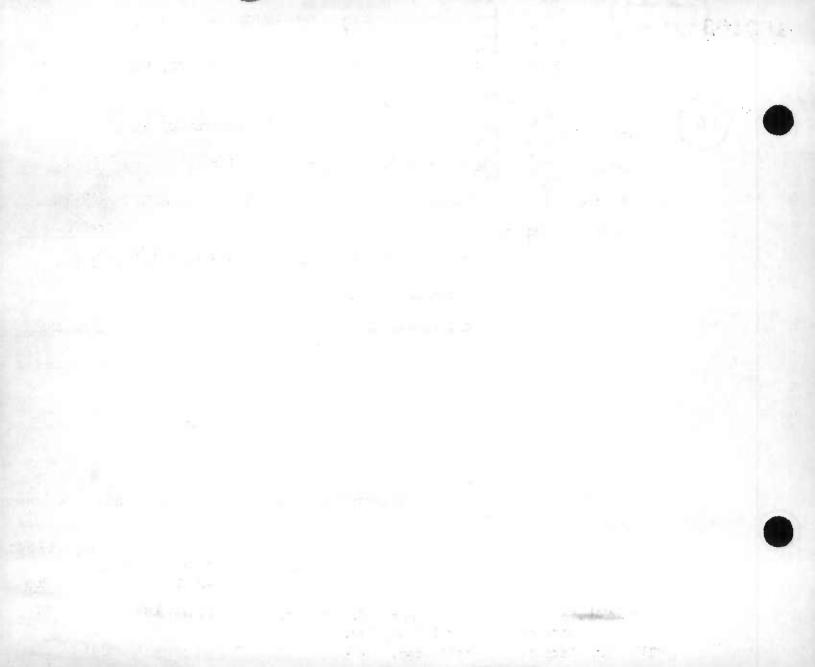
230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Fairfax 6/11/85 Virginia Fairfax Memorial Pk

24 FUNERAL DIRECTOR

Demaine Funeral Homes, Inc Alexandria, Virginial

DHMH - 16 60M 7/84 (VRA 15, 4)





162104	1 FOR 6/20/85 rja DEPARTMENT OF HEALTH AND MENTAL HYGIENES 5 7 8 2 9 CERTIFICATE OF DEATH REGISTRAR REGISTRAR
moy be poge 3 ser death	REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST TO DECEASE AND THE MIDDLE LAST TO DECEASE AND THE MONTH DAY YEAR TO DECEASE AND THE MONTH DAY YEAR MONTHS DAYS HOURS MIN.
rector urs of	MALE CAMEASIAN 5 26 1920 65 YRS
nerol di in 72 ho	70 BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) Pa. 176 CITIZEN OF WHAT COUNTRY? WARRIED WIDOWED DIVORCED MORCED MORCED MARRIED MARRIED MORCED MORCED MORCED MARRIED MARRIED MARRIED MARRIED MORCED MORCED MORCED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MORCED MORCED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MORCED MORCED MARRIED MARRIED MARRIED MARRIED MORCED MORCED MARRIED MARRIE
lled with	10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF DETIN SUPA FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (INDUSTRY CONTARCTOR SELF
and be fi	USUAL RESIDENCE (IF NURSING HOME OF THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP CODE 20716 MD. P.C. MITCHELLVILLEYES NO 12 16120 CAMBLIBGE COUNT
22	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME 17. MIDDLE 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME
1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GUY ZENOBLE GERTRUDE BROWN
Poges.	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NOOR LINKNOWN) (IF YES, GIVE WAR OR DATES) 173-14-3586 LUCY M. ZENOBLE SAME AS 13E
W. PRESTON ST., BALTIM on the death certificate broad and the action of the other death of the action of the actio	18 CAUSE OF DEATH (Enter only one couse per line to 10), (b), and (c) PART I. DEATH WAS CAUSED BY: [MAMEDIATE CAUSE (c)] [MAMEDIATE CAUSE (c)] [MAMEDIATE CAUSE (c)]
ON ST h cert refing corbon ar rer	DUE TO, OR AS A CONSEQUENCE OF ACT MINING MATERIAL
deat deat	Conditions, if ony, which gave rise to immediate
W. P. out the out the se rem	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF
S, 201 uires th iigned I sen pleo o burral, ury, or o	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires the office of the contending physicion. When this certificate has been signed to as the bursal-transit permit. Then plea the and Memala Hygiene prior to bursal, orked or them 18 show any injury, or a content of the content of th	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)
CIAN: The physicio principio proprieta proprieta proprieta politicate in the principio	AN COLUMN TO CHARLES OF STATE HOUR A.M. MONTH DAY YEAR
O PHYSIN of the burn ond Merked or the	OR CONINERULING CAUSE OF DEATH (IF ETIMER, NOTIFY MEDICAL EXAMINER) P.M. 19 210. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FARM, ETC.) AT WORK
DINCAL AFTER AS AFTER AS A MONTH S MONTH S	220 I certify that (1) (this haspital) attended the deceased from 11 19 80, to 19 80, that (1) (we) los
ATTER Ospita decrool	sow the deceased alive on 19 ft. and hat in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (i) (we) 14 of dath met view to body other death.
the hose of the hose of the hose of the hose of the office	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6-5-55
TO HOSPITAL TO FUNERAL should be dete with the State	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 4801 Mass Ave Wish DC.
Of of www	730 BURIAL CREMATION REMOVAL 1735 DATE 231 NAME OF CEMETERY OR PEMATORY. 1736 LOCATION
BP	BURIAL 6/7/85 DULANEY VALLEY TIMONIUM BALTO. MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR 7601 SANDY Spr. 21. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE NAME FLECT E H. TARR



						STAT	E OF MARYLAND			4	
	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENB 5	17	8	30
177022		CEASED NAME	FIRST		MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
TITORN	(TYPE	OR PRINT)	ABE L		T.	71N	MERMAN	A SHOP	6 21	85	5:32 pm
you pood	3. SE>			4 RACE	۷.	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
nge 4 r	1	emale		Caucasi			23, 1914 YEAR	70	YRS.		HOURS MIN.
2 32 M/		RTHPLACE (STATE OR F	ORE IGN	76. CITIZEN OF	WHAT COUNTR	Y? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
The state of the s	Pe	nnsylvania			d States	WIDOWI	D DIVORCED	Montgomery	-		MD.
offer o		TY OR TOWN OF DEA	тн		HOSPITAL, NUR CHEACILITY, GIVE STR GROVE	EET ADDRESS)	DROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O COOK/Wai	F WORKING LIFE	INDUSTRY	rant
0000	USU/	AL RESIDENCE (IF NURS	NG/FIOME OR	OTHER INSTITUTION	I GIVE RESIDENCE BEE	ORE ADMISSIONS				46	CICKI
201 W. PRESTON ST., BALTIMORE, MARYLAND 2 es that the death certificate be executed within 24 hard by the attending physican and remaining please enters contact the medical contact transmitter events the medical contact transmitter events the medical contact the contact transmitter events the medical contact transmitter events the c	Pe	nnsylvania	Some.	rset	rieden	S S	13d. INSIDE CITY LIMITS? YES MO [RD #2 B	ox6 1	5541	177
	14. FA	THER'S NAME FIRST	A	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAS	Ę
B ()	2	Rueben			Zimme		Annie	S.		Barc	
Xec.u	léa V	VAS DECEASED EVER (ES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	16b SOCIAL SE		17 INFORMANT (Sist				wood Driv
e e e		No	N/	A	190-26	-4322	Emma J. McKir	iley Roo	ckville		
BAL ore		18. CAUSE OF DEAT	H (Enter onl	y ane cause pe	r line for (a), (b),	and (c).1				APPROXI BETWEEN	MATE INTERVAL
The state of the s		PART I. DEATH W		E CAUSE (a)	Cordio	reper	etory and	t			
N ce				DUE TO: C	OR AS A CONSEC	DUENCE OF					
deot deot		Conditions, if any,		((b)_		nelson	a heart	Insense			
PR the c	77	gave rise to imm couse (a), statin		DUE TO C	OR AS A CONSEC	DUENCE OF					
hot hot by ose		underlying couse	last.	(c)_							
os, 20 quires 1 signed hen ple a buric jury, a	Z	PART 2. OTHER SIGN	HEICANTC	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	ינ
been mit. Il prior t	CERTIFICATION	19a DATE OF OPERAT	ION	19h CONE	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	VERE FINDIN	4GS LISED
ne lov	FIC								IN CERTIFYIN	G CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	ERT	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O	OF INJURY		21c. HOW INJURY OCCUR	YES NO.	YES [NO 🗌
OF VITA CLIAN: T physici pertificate col-transi ntal Hygi em 18 sh		OR CONTRIBUTING	AUSE OF DEAT	HOUR A	.M. MONTH			TELLIFICATIONS OF THE		, 04.174.12)	
PHYSICIAN PHYSICIAN this certificant he buriol-trand Mental It don't fee a don	MEDICAL	(IF EITHER NOTIFY MEDIC			OF INJURY	19	211. LOCATION				
PHY tendi the bu	ME	WHILE NOT WH	ILE 🗍	(AT HOME ST	TREET, FACTORY, OFFI	CE, FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
Afre a Sir DIV		AT WORK AT WOR	RK	. 1)	ha dansarad ()	60	me 20 10 85	. Co.10	21 10	81	
DOR: OR: THe		220.1 certify that (1)		-		17	nd that in (my) (our) opinian	death occurred on the d	ate and hour at		that (I) (we) last
ATT		saw the decease above, (I) (we) (c 27b. SIGNATURE	lid) (ald nat) view the bad	y after death.	Y	DEGREE		210 0110 11007 01	22c DATE	
OR he		ZZZZ SIGNATORE	VX	. /	1		MA ATTENDING	MEDICAL _ STA		So.	12110 -
PITAL by the by the ERAL Stote detro		22d, PHYSIC TANKS ILL	ME INCO	THE REAL PROPERTY.	7		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	7	, 0/	2/61
A B G C C C				. 1				da . d			UE MD.
TO HOSI		MARIO			EDONNE			TYGICIANS 6	ANE C	CITE 2	257
SAAGGG		SURIAL, CREMATION, SPECIFY) Burial	REMOVAL	Tune			emetery or crematory lows Cemetery	Stoystown	c	OUNTY	nsylvania
777 BP 77	24 51		Docer								
DHMH - 16 50M 4/83		INERAL DIRECTOR					nomes, Bo. DAT	E REC'D. BY REGISTRAR	David Davi	Son H	HOLE
(VRA 15, 4)	Ъ	.A. /35/ W	rscon:	sin Ave	enue, Be	tnesda,	Maryland III	2 4 1985			THE LIE

